MEDICAL COLLEGE OF GEORGIA

TODAY

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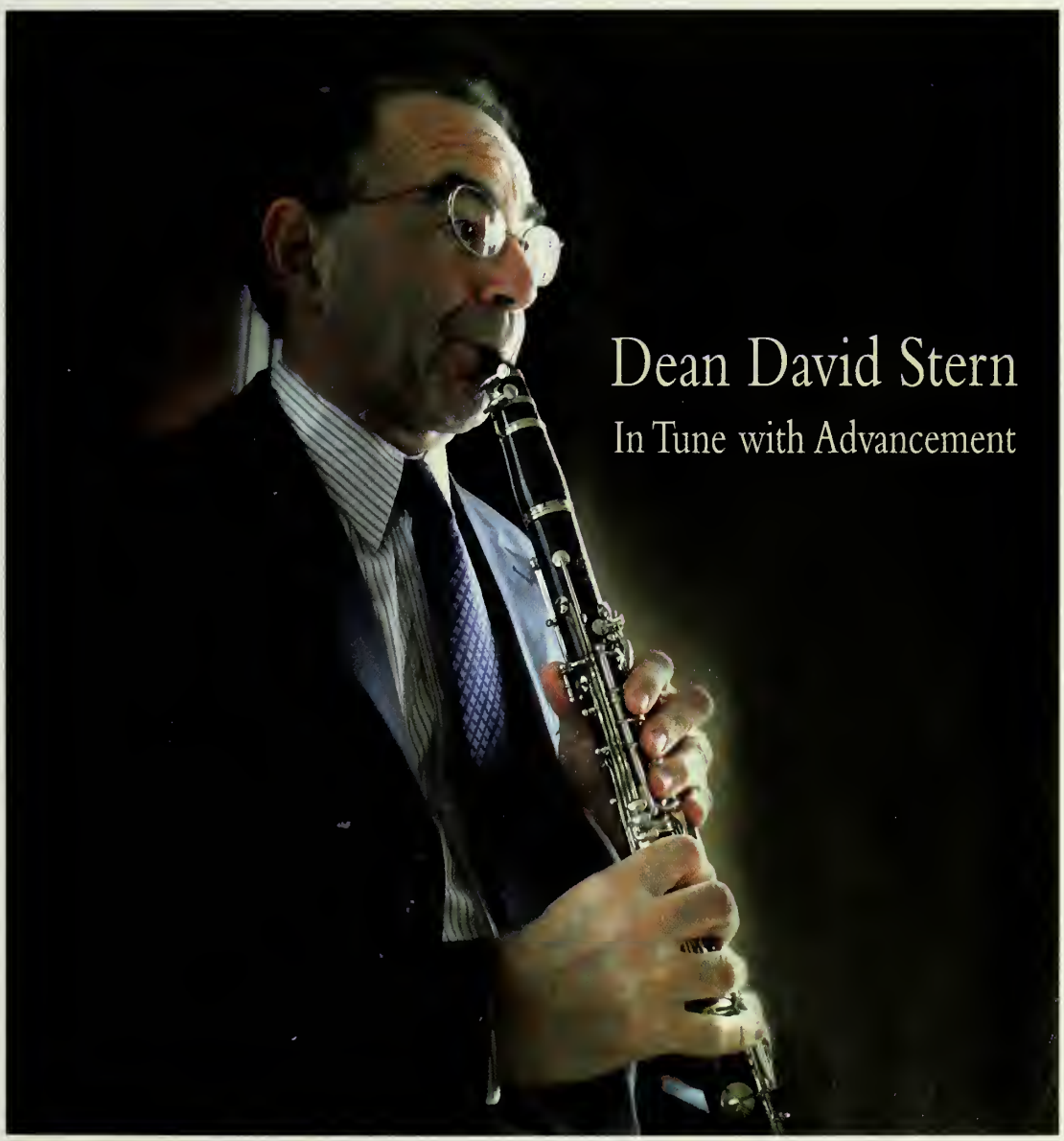

Dean David Stern

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MEDICAL COLLEGE OF GEORGIA

TODAY

Dear Readers,

If there's any doubt about Augusta's vibrancy and momentum, we invite you to visit the Medical College of Georgia campus. With top-notch faculty being recruited from the most prestigious institutions in the nation, with new buildings being designed and erected at breakneck speed and with biomedical discoveries that are transforming Georgia's medical landscape, MCG has never been a more exciting place to be.

We invite you to tap into that excitement by reading about our progress. This edition of *Medical College of Georgia Today* features the new dean of the School of Medicine (a Columbia University recruit who doesn't miss subways one bit), a National Institutes of Health-funded project that is shedding new light on type 1 diabetes, a couple of compelling perspectives on integrative medicine and...perhaps most important of all...a big bouquet we've tossed to ourselves in honor of MCG's 175th anniversary.

As we advance in biomedical science, we are humbled by the many great minds that came before. Every advancement we make traces its roots to the clinicians, researchers, administrators and ordinary citizens who believed in the Medical College of Georgia and worked to make it great. We hope you'll enjoy reading about the evolution of our university since we first opened our doors in 1828.

Great things have unfolded in those 175 years...and better things are coming. You can count on it.

Sincerely,

Daniel W. Rahn, M.D.
President, Medical College of Georgia

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AT A GLANCE

The Fitness Factor

With sleek architectural lines, indirect lighting, floor-to-ceiling glass walls, cushioned hardwood floors and state-of-the-art exercise equipment, the Medical College of Georgia Wellness Center has broken new ground in the fitness arena.

"The facility is virtually unmatched in the Augusta area," said Dale Hartenburg, director of the newly opened center. "We have made the effort to use quality exercise equipment, and almost every piece in the facility is brand new."

The equipment includes treadmills, step and rowing machines and many computerized fitness tools. Elliptical trainers and recumbent bikes use technology to offer a total body workout with minimal stress, said Mr. Hartenburg.

For those interested in building muscle mass, six tons of free weights and an eight-station crossover unit provide a complete workout in the free-weight area. Two 12-unit circuits of cabled-weight machines offer a step-by-step workout for upper- and lower-body muscle groups. And if you're in search of a climate-controlled area to run or jog, the Wellness Center has both impact-absorbing treadmills and an indoor track.

Other amenities include basketball/volleyball courts, locker facilities and an aerobics studio. Exercise classes are available and MCG sports medicine specialists provide fitness assessments, on-site injury prevention and care, exercise prescription and health-promotion classes. MCG sports medicine specialists provide fitness assessments, on-site injury prevention and care, exercise prescription and health-promotion classes.

All members of the MCG community are welcome to join, including alumni, faculty, staff and retirees of MCG, MCG Health, Inc. and the Physicians Practice Group. In all membership categories, spouses also may join. Memberships are available on a monthly, four-month or yearly basis.

"We want to build a sense of community—a facility that meets the total fitness needs of the MCG family," Mr. Hartenburg said.

For more information or to join, call (706) 721-6800 or visit www.mcg.edu/wellness/.

Medical College of Georgia Wellness Center

Staying Active

Medical College of Georgia and University of Georgia researchers are working to optimize the health and independence of at-risk elderly by increasing their physical activity.

Dr. Mary Ellen Quinn, an MCG associate professor of nursing, and Dr. Elaine Cress, a UGA associate professor of exercise science and gerontology, are assessing the physical function of elderly people—particularly minorities--doing everyday tasks like laundry and kitchen work. A portable lab enables the researchers to simulate the activities in community centers, where seniors often gather.

Once their functioning is assessed, seniors learn the basics of exercise and its importance in managing chronic diseases and forestalling physical disability. The researchers show them ways to safely exercise within their physical function ranges.

"Many of these folks are not exercising largely due to habit, and elders are often afraid to exercise," said Dr. Quinn.

The researchers teach the participants exercises they can do at home, plus offer thrice-weekly strength-building classes. "We're really trying to go over and above the moderate level that people need in order to reduce their risk of most chronic conditions," said Dr. Cress.

They are studying the results of the program to determine whether it can effectively transfer to other community centers. Also, Dr. Quinn will conduct a related study to identify the factors that predict regular exercise among older African American and Caucasian women. She hopes to develop appropriate interventions to reduce health disparities in older African American women.

Lighten Up!

A faculty member in the Department of Physical Therapy advises parents to make sure their children's school backpacks aren't literally weighing them down.

Research substantiates what parents probably already intuit: heavy backpacks take a heavy toll on the back, according to Dr. Mary Ellen Franklin, a physical therapist and exercise physiologist.

"There's a fairly high incidence of back pain in children, and it appears to be greatest during the period of rapid growth—ages 11-16," Dr. Franklin said.

She recently supervised a study in which physical therapy students assessed backpacks' contribution to the problem. The students asked children ages 10 to 13 to stand on a platform that measures force. The children stepped from the platform onto a high step, simulating stepping onto a school bus, then stepped down the other side, back onto the force platform. The children did the task three times, once with no backpack; once with backpacks loaded with books equaling 15 percent of their body weight; and once with backpacks loaded with books equaling 20 percent of their body weight.

The students observed that the heavier the backpack, the greater the force children exerted to step up, and there was a trend toward greater impact forces when they stepped back down.

"Your body tries to keep the center of mass between the feet, so with a backpack, the trunk is in a more forward position, placing abnormal forces on the spine," Dr. Franklin said. "This requires shifting the head forward, too, but this would mean looking down rather than forward. You compensate by bringing the head up, which makes part of the neck curve to a greater extent. It's very stressful on the neck."

The most important step in solving the problem, she said, is lightening the load. Physical therapists advise that children carry loads no heavier than 15 percent of their body weight. Children also should wear their backpacks correctly, using both shoulder straps and carrying backpacks as snugly against the body as possible. Signs of an overly heavy or ill-fitting backpack include back pain, red marks from the straps and visibly poor posture.

Editor's note: Dr. Shelley C. Mishoe, dean of the Medical College of Georgia School of Allied Health Sciences, wrote this essay shortly after the Sept. 10, 2002 death of Joshua Harp, a first-year student in the Nuclear Medicine Technology Program.

An Incalculable Loss

Sept. 10 started like any other day: a couple taps on the snooze alarm before a sleepy walk to the kitchen for a cup of coffee. There is nothing quite like that first sip of coffee in the morning, one of life's simple pleasures. But on this morning, that simple enjoyment was abruptly interrupted by the ringing phone.

I glanced at the clock: 6:10 a.m. Who could be calling so early? I thought of my mom, hoping nothing was wrong with her. I worry about her more since my dad passed away a few months ago, even though she continually reassures me that she is fine. I wonder what it must be like for her, living alone after 47 years of marriage. I miss my dad so much; I can only imagine how my mom must feel. How does life go on?

When I picked up the phone, a male voice said, "Dr. Mishoe, this is Randy Butterbaugh...." My heart sank to my feet and a cold chill went up my back. This was not good. Dr. Randy Butterbaugh, MCG director of student affairs, could only be relaying bad news at this time of day.

But this news wasn't just bad; it was unbearable. One of our students, Joshua Harp, was out with friends drinking the night before. Something happened, they rushed him to the hospital, but he died. "Oh God, oh no," I said. "How will his parents survive this?" How does life go on?

My teen-age sons, Wesley and Jeffrey, hovered around me in the kitchen, sensing that something was wrong. I hung up the phone and told them that one of our students had died. I thought this was a teachable moment and like every well-intentioned parent, I started telling them about the dangers of alcohol.

I am sure that if they hadn't left the room I would have gone on about the dangers of speeding, smoking, drugs... They rushed away from me, claiming they had to get ready for school. They went about their lives as I watched after them, thankful I still had them close.

Then, I prayed—for the Harp family, for our students and faculty, for the grace of God to help me get through this. When I called Joshua's mother later that morning, I fumbled for words. No words could express the great loss and empathy I felt for this woman I did not know who had to bury her son.

I couldn't contain my sadness during the 9-11 ceremony the next day, thinking about Josh, the Harp family, the victims of the terrorists and my father. I cried and found it hard to stop. How does life go on?

Over the next few days, Mr. and Mrs. Harp called me several times to discuss funeral arrangements, ask a question or make a small request. Each time, I felt grateful for the chance to do something. For in doing something, life does go on. Like my mom says, "I put one foot in front of the other, one foot in front of the other and get through it day by day." Is this really how life goes on?

Josh Harp had a bright future ahead of him. What made him special was that it was his life's goal to come to become a nuclear medicine technologist. Many students stumble into the allied health professions, but not Josh. He knew since childhood when he had a body scan that this was for him. It is this kind of potential, determination, commitment and clear vision that I respect and hang onto with hope.

With his aptitude for math and physics, Josh was a natural for our nuclear medicine technology program. I believe he would have been a leader in the field; his passion for the discipline was so evident that his new classmates elected him their president. In a few short weeks, he had already earned the respect of faculty, students and staff. He went out of his way, every day, to greet them. Josh liked people and knew how to show his caring to others.

I did not know Josh well, but I knew his potential. He was a leader in our school and his life's dream was cut short. I deeply feel his loss because he was part of our School of Allied Health Sciences family. I can imagine Josh as the president of the school's alumni association after he graduated and would have enjoyed hearing about his many accomplishments. When I meet with the class officers during fall semester, I will feel sad looking at the empty chair where Josh would have sat. I will think of him and miss him. Then, I will look to the future and continue to give my best to the students, faculty and staff who are part of our family, because that is what Josh would have wanted. Life does go on, even though we sometimes do not know how.

Medical College of Georgia Today welcomes submissions to the new *Reflections* segment of the magazine. Typed essays (approximately 750 words long) reflecting a professional or personal concern of a member of the MCG community should be submitted to: Christine Hurley Deriso, Editor; *Medical College of Georgia Today;* FI-1040; Medical College of Georgia; Augusta, GA 30912; (706) 721-2124 (phone); (706) 721-6723 (fax); cderiso@mail.mcg.edu (e-mail).

'Becoming Better Than What We Are'

Christine Hurley Deriso

The Medical College of Georgia's goal isn't just to excel in its missions, but to combine those missions effectively enough to propel the institution into the top tier of health sciences universities, according to MCG President Daniel W. Rahn.

"America's academic medical centers combine the education of health professionals, knowledge creation and state-of-the-art clinical care to lead the way in improving the health and well-being of society," Dr. Rahn said during his 2002 State of the University Address delivered Nov. 21.

There are no shortcuts in achieving the goal, he stressed. "Advancing the institution is not magic. It requires no cape, no wand, no sleight of hand. To become a premier health sciences university, we must simply become a premier health sciences university. Our educational programs, research enterprise and clinical services must be among the best. The recognition, I believe, will follow."

MCG is already well on its way, Dr. Rahn said, noting robust growth in all areas of campus life. In educational initiatives, he cited a 3 percent increase since last year in student enrollment, four new external-degree programs, two new Web-based courses, new graduate programs in development and an 18 percent increase since last year in the number of under-represented minority students.

Research advancements include a 156 percent increase in research funding over the last five years, significant new grants and aggressive recruitment of top-notch scientists. MCG aims to reach $108 million in research funding by 2007, necessitating annual 20 percent increases in extramural funding.

"The only way we'll do that is to combine existing faculty strength with the strength of newly recruited, funded investigators and continue to focus on the institution's broad research themes (neuroscience, cardiovascular disease, cancer and infection/immunity)," Dr. Rahn said. "The goal is to engage in research that will lead to discoveries that positively impact the health of the people we serve."

Clinically, MCG is benefiting from national recognition in several of its programs. "The health system's success over the past two years has resulted in the generation of $22 million to support enhancement of the academic and research enterprises—that's MCG's 40 percent share of the health system's operating margin," Dr. Rahn said. "These funds are being invested in research and academic support across all schools."

New buildings are in the works as well, including phase II of the Interdisciplinary Research Building, a health sciences building and a cancer research center. The MCG Wellness Center will open this winter.

All these achievements work together toward the common goal of university-wide progress, Dr. Rahn said. "If we focus on the right goals and direct our energy in the right way, then our educational, research and clinical programs will combine to favorably impact the health of the population we exist to serve."

Ongoing areas of emphasis include cancer treatment and research, continued recruitment of top-notch faculty and administrators and an unwavering commitment to campus diversity.

As the state faces an ever-tightening budget, MCG will feel the pinch, Dr. Rahn acknowledged. But "we must demonstrate to the state, to the agencies and organizations and private citizens who entrust us with resources that we are good stewards, that a dollar given to MCG is a dollar well-invested."

Ultimately, he said, MCG must optimize its resources to "become better than what we are."

GLIMPSES OF THE PAST

Ellen Gladden

Editor's note: As the Medical College of Georgia begins a yearlong celebration of its 175th anniversary, several key players reflect on pivotal points in the university's history. *MCG Today* acknowledges with gratitude the assistance of Medical Historian in Residence Lois T. Ellison, M.D. in compiling this material.

"I enrolled as a medical student in 1946, when the school was located in the old Tuttle-Newton building (right)," recalls Dr. Harold Engler, an Augusta physician who served as a full-time faculty member in the School of Medicine for 17 years. After graduating in 1950, Dr. Engler completed a surgery residency at University Hospital, then joined the faculty soon before MCG opened Eugene Talmadge Memorial Hospital.

"It was really nice having the new hospital," says Dr. Engler. "It was a new day for us. Patients were referred to that hospital from all over the state, which expanded our clinical cases for the students. I admitted the first patient. It was an elderly woman and we pushed the stretcher [from University Hospital] across to the new building and sent her up to the fourth floor for admission."

He notes that the students weren't the only ones learning; there was a learning curve for the faculty and administration as well in the early days of the hospital.

"It was a unique time. We learned a lot in emergency care. Talmadge was not a hospital designed for emergency care. It was designed for treating patients from all over the state, and at first that hindered the education of medical students and residents. But later, with a lot of help from across the state, we got an emergency room and a trauma center. Today the trauma unit created by Dr. Arlie Mansberger is noted as the best in the state. He really did a wonderful job."

When Dr. Mary Conway became the School of Nursing dean in 1980, she saw potential for the school to receive national recognition.

"I saw a school that had a strong baccalaureate program, but had a wider mission than had been defined at the state level at the time. The school needed to strengthen graduate programs and graduate faculty to become a nationally recognized

school. One of my biggest priorities was to get us out in front and recruit more faculty with graduate degrees. There were three when I came and probably 12 or so when I left," she says.

In expanding the nursing school's focus, Dr. Conway defined its tripartite mission: caring, scholarship and research.

Expanding nursing research was also on Dr. Conway's agenda. "We did develop a research center while I was there. We began to get federal funding. Some of our doctoral students did get [National Institutes of Health] funding. We did get a large grant to go to rural areas to assess health care and children's health needs," she says.

A great challenge she faced as dean was aligning the expanding roles of nurses with the state's needs in a nursing school. "I don't believe the Board of Regents and others in the state felt where we were going was what they wanted at the time," she said. "They wanted a school that was putting nurses in the hospitals, and we did that. But the profession is more than that. The biggest challenge was to interpret nursing to the bigger community around us—even to our colleagues at the medical college. It was difficult getting others to see nurses in different roles—not just in the hospital, but nurses being teachers, working on administrative health policy, doing assessments in the community.

"I tried very hard to enlist the colleagueship of some of the other [MCG] schools. They just weren't used to that from nurses, but it eventually worked and we began to participate and work with several schools," she says.

Noting the accomplishments of her predecessor, Dean Louise Grant, Dr. Conway said, "Dr. Grant did a really fine job in getting the baccalaureate program established. It is always nice to have a strong predecessor."

After 10 years as dean, Dr. Conway notes, "I felt that we came a long way toward [expanding the school's national prestige]. We did get good public review in Georgia. Applications were always more than we could take."

When Dr. Sam Singal was offered a research assistant position with Dr. Virgil Sydenstricker at MCG in 1940, he found a small school with a promising future. "MCG was a small school at the time; during the summer we had almost no operation under way in the basic sciences because most of the people were gone. There was no air-conditioned animal room, which was very difficult in the summer heat, so there were limited resources and facilities here."

Upon his arrival from the University of Michigan, the Augusta school was known as the University of Georgia School of Medicine and offered a very limited number of graduate programs. "At that time, I believe there was a

175 Years at a Glance

1826 Drs. Milton Antony and Joseph Adams Eve begin teaching apprentices in several rooms of Augusta's City Hospital.

1828 Georgia Gov. John Forsyth signs a charter of a state medical academy awarding the bachelor of medicine degree.

1829 The Medical Academy of Georgia opens with seven students; the name is changed to the Medical Institute of Georgia and empowered in December to confer the M.D. degree.

1833 The school awards its first medical degree to four graduates and the name of the school is changed to the Medical College of Georgia.

1835 The school moves from its City Hospital classrooms into its home on Telfair Street.

1873 The school becomes the Medical Department of the University of Georgia.

1913 MCG moves into the Tuttle-Newton building, formerly the Augusta Orphan Asylum.

1915 City-owned University Hospital is dedicated.

1933 The school's name changes to the University of Georgia School of Medicine.

1950 Upon becoming an autonomous unit of the University System of Georgia, the school reverts to its original name: the Medical College of Georgia.

1950 Dr. G. Lombard Kelly is named MCG's first president.

1956 Eugene Talmadge Memorial Hospital opens.

1956 The nursing school moves from Athens to Augusta.

1965 MCG opens its Schools of Dentistry and Graduate Studies.

1968 MCG opens its School of Allied Health Sciences.

1976 The Virgil P. Sydenstricker Building of the hospital opens.

1992–93 The MCG Specialized Care Center/Ambulatory Care Center opens.

1998 The MCG Children's Medical Center opens.

2000 MCG Health, Inc. is formed to manage the university's clinical facilities.

2001 Dr. Daniel W. Rahn is named the seventh president of the Medical College of Georgia.

master's program in physiology through the University of Georgia, but we had no organized graduate program."

The School of Graduate Studies was formed in 1965 to centralize and expand the school's graduate programs. Dr. Singal served as dean of the school from 1974 to 1984.

"The whole purpose of the School of Graduate Studies is that a student can learn to act as an independent researcher to plan and execute experiments. A graduate student operates as an independent individual whereas a technician can only operate under the direction of a scientist. Another advantage [of the school] is that you can bring people together in different disciplines who can impact on a single research project--to be actively involved in the same project as teams," he says.

A graduate committee chaired by Dr. Knowlton Hall and representatives of each basic science department designed the school to reflect the needs and preferences of different segments of the university. For instance, "the faculty of physical therapy and occupational therapy decided they wanted master's programs to offer students in some departments of allied health.

"The committee worked in conjunction with the graduate school in Athens to develop Ph.D. programs in the basic sciences--biochemistry, anatomy, physiology, pharmacology, endocrinology. Orville Parks came from the medical illustration program at Johns Hopkins to start a program here. That was a stellar program from the start and I think it still is," he says.

Additionally, the school provided a new foundation for research and individual learning.

"A graduate program is a splendid opportunity for a mentor-scientist and the student," says Dr. Singal. "It is training someone to be better than you are. This is a certain kind of life that we didn't have on campus before. That doesn't mean there was no research going on separate from the School of Graduate Studies. It just created a new type of relationship between researchers and students in the basic medical and dental sciences."

The MCG School of Dentistry was built with dental research in the blueprints, notes Dr. Thomas R. Dirksen, former associate dean and one of school's original faculty members.

Recruited by founding Dean Judson C. Hickey in 1967, two years before the school accepted its first students, Dr. Dirksen noted he and his colleagues were chosen for their Ph.D. degrees as well as their dental training.

"[Dr. Hickey] wanted all professors of the biological sciences to be dentists, so [students] would have instructors well-grounded in both dentistry and the particular science...anatomy, biochemistry, physiology and pharmacology," says Dr. Dirksen. "We were successful in recruiting some 20 to 24 dentists with Ph.D. degrees and we felt it provided our students with a better grasp of the subjects."

Dr. Dirksen recalls that finding a permanent home for dental instruction was a priority. "We were working on details of our new dental clinical building. When I first viewed the campus on my initial recruitment visit, the three faculty on board were housed in a small trailer. It was a little skinny thing sitting across from the Administration Building where the Research and Education Building now stands. As a joke, Dr. [Harry B.] O'Rear [then MCG president] had a sign put on that building, 'The O'Kelly School of Dentistry.' [W. Robert O'Kelley Jr., director of purchasing at the time] was in charge of getting the building."

Four trailers joined together later housed 24 dental chairs used for clinical training. "Early on, we had virtually no allied health faculty in dental hygiene. The dental faculty was committed to that teaching endeavor, so a congenial working relationship formed between the schools which has endured the test of time."

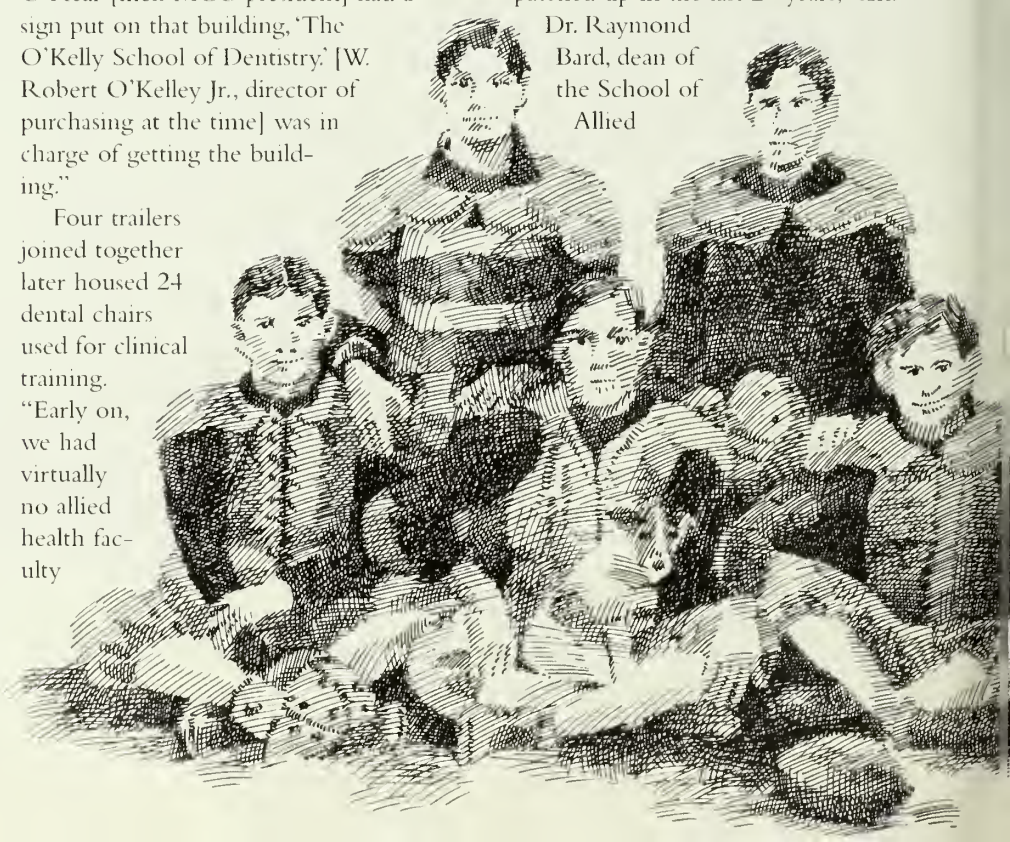
In 1970, after considerable number-crunching, the dental faculty celebrated the opening of the School of Dentistry building. "It came in way over budget, so we held a pretty frantic meeting over a weekend to decide what to drop out of the plans. Could we live without this elevator, and so forth," says Dr. Dirksen.

The school's inception coincided with a relaxed new attitude among young people that Dr. Dirksen observed with bemusement. "We went through a lot of hairy times," he says of students during the 1970s. "[The students had] long hair and beards, and not bathing or shaving frequently were viewed as a student right."

A father of six, Dr. Dirksen noted his own children "all had long hair. For a while, my wife had the shortest hair in family."

The School of Allied Health Sciences was formed, according to its first dean, to consolidate existing training programs and expand new studies in the health care supportive professions.

"There are many gaps that have been patched up in the last 20 years," said Dr. Raymond Bard, dean of the School of Allied



Health Sciences 1968 to 1988. "The rudiments of the allied health programs were already in the other schools and I helped develop them. When I came in 1967 there were four or five programs in various stages."

Dr. Bard notes that three elements used to form the school all begin with the letter 'p.' "The first thing you get are the right *people*. You need knowledgeable people to generate *programs*, and then you need the *physical* facilities to teach them in," he says, noting the latter was perhaps the most difficult to acquire. "We had the equivalent of trailers for most of our space. We just made do. If you have the right people, they can inspire the students and get them in the right.

"Everything was a challenge; there wasn't a lot here. The medical schools in these kinds of environments tend to take the leadership role. They have certain needs to get their jobs done, and in some cases we had to tell them what they needed.

"When we started the [physician assistant] program, it wasn't so much a medical college need as it was a community need. Georgia couldn't afford as many full-time physicians as [citizens] needed, so we had to establish the physician assistant program. Then we went to Washington and ended up getting the biggest [related] grant they gave in the entire country. Physicians need the help of allied health professionals…which are all physician assistants to some degree," says Dr. Bard.

Grateful to those who followed in his footsteps, Dr. Bard acknowledges the success of Dr. Biagio J. Vericella, who assumed the deanship in 1988. "Knowing how to teach is important. Dr. Vericella did a splendid job of raising the quality of our teachers—helping them in the classroom and encouraging them to get their Ph.D.s.

"Success takes all types and you have to weave them into a working team. The emphasis was always on selecting the best faculty. We couldn't do it with money because there wasn't any available. We had to beg, borrow and promise. We ended up with people dedicated to their profession and to students."

I Remember When…

Editor's note: The following recollections from various members of the MCG community offer a sometimes lighthearted, sometimes lofty peek at the past.

When MCG Medical Historian in Residence Lois T. Ellison enrolled in MCG as a medical student in 1943, experimental dog surgery was performed on the third floor of University Hospital. "The dogs were brought in by the city pound, and the building didn't have any elevators," she recalls. "I remember them carrying those dogs up three flights of stairs."

Lamar Peacock Sr., or "Strut," had a long and distinguished medical career at MCG that was almost forestalled when he contracted polio as a young man. His recovery defied all odds, and once he earned his medical degree from MCG in 1946, he never looked back. "When I was growing up, he would leave the house at 7:30 a.m. and come home at 9 at night," says his son, Lamar Peacock Jr., assistant clinical professor of medicine at MCG. "Work was number one for him, and his illness allowed him an insight I think a lot of physicians don't have. He has a very unique perspective of what it means to be a doctor because he's been on the other end."

Dr. Gerald Loft, a Professor Emeritus in the School of Dentistry who earned his dental degree from Emory University in 1948, notes that dental education has changed considerably during his lifetime. "In my day, they just taught you to look in the mouth and see how many holes you could see," he says with a laugh. "I hope we've moved beyond that."

The most vivid medical school recollections of Dr. Allen Stocks (School of Medicine class of 1967) are of a class taught by Dr. Corbett H. Thigpen, a now-deceased psychiatrist and co-author of *The Three Faces of Eve*. The class was taught at 8 a.m. Saturday mornings—typically not an optimal time for class attendance. But Dr. Thigpen's class "was standing-room only," Dr. Stocks said, sometimes punctuated with his magic tricks for a touch of levity. "He was the most educational, entertaining, spellbinding professor it was ever my privilege to sit at the feet of."

Dr. Douglas P. Clepper, an Augusta dentist and member of the School of Dentistry's first graduating class, remembers that his alma mater was never afraid to take chances. "One thing I appreciate about MCG is that some of the things we did were fairly experimental. We were encouraged to challenge the faculty and think."

School of Medicine alumnus John Savage found inspiration in his grandfather, Dr. Carl P. Savage, a 1925 graduate of the MCG School of Medicine. "He had a general practice, and he did a little bit of everything," his grandson says. "I helped out with lab work, in the operating room … wherever I was needed. It was a good way to spend the summers. My grandfather encouraged me all through those years. Without him, I'd never have become a doctor."

The Dec. 3, 1909 edition of *The Augusta Chronicle* offered a dismal prognosis for MCG's fledgling football team, the Medicos (left), formed in 1907: "During the 1909 season the Medicos had a team that was not scored upon, and would compare favorably with Georgia, Clemson, and Tech," the Chronicle reported, "and yet the medical students need to take money from their pockets to meet the expenses. Augusta has failed to patronize the games and the medical students are disgusted." The team sputtered to its demise in 1912 but reformed in 1920. Soon after a 20-0 loss to Richmond Academy that season, the Medicos retired their cleats for good.

Fire in the Belly

Toni Baker

He was a young researcher who wanted to know why clots form when there is no injury and how the clots break loose, causing strokes and other maladies.

Dr. David Mark Stern thought animal arteries might help him find some answers. A New Jersey slaughterhouse agreed to drop off such vessels at the College of Physicians & Surgeons of Columbia University after delivering the meat in downtown New York.

But something wasn't right. Dr. Stern decided the arteries were too old by the time the delivery truck reached Columbia. When he asked his father for a special set of knives, his father, per usual, tried to ensure that his son got what he needed. Dr. Stern took those knives and a bridge table to the New Jersey slaughterhouse to get the vessels.

His father made the first trip with him, but could never bring himself to go back. The son kept going back because the science began to move forward.

"He would do anything for his work," said Robert Stern, one clearly proud parent of his son, the dean of the Medical College of Georgia School of Medicine.

The story exemplifies the bundle of energy that Robert and Florence Stern

raised. "I feel that you should do what you enjoy," said Dr. Stern, a man who cites a "fire in the belly" about his work.

Since joining MCG April 18, he has immersed himself in his new university. Days, nights and weekends are spent talking to faculty, faculty recruits, staff, students, alumni, donors, potential donors and others, gaining and giving information. The pace of his talk is as rapid as the pace of his native New York and his goals as clear as the famous skyline on a fall day.

Dr. Stern, a hematologist and established investigator, has jumped head first into the momentum to move MCG forward by building on its strengths and tackling its weaknesses.

The scientist wasn't looking for something else to do. As director of Columbia's Center for Vascular and Lung Pathobiology and Juvenile Diabetes Research Foundation Center, he had his hands full. His research was well-funded by, among other entities, the Juvenile Diabetes Research Foundation and the National Institutes of Health, including multiple Program Project Grants and a MERIT Award; he had published over 270 research articles.

But he saw in a journal another compelling opportunity. "What really attracted me to this opportunity was the way President Dan Rahn described it. There were multiple positions open and multiple chairmanships open. He said, 'Here's a chance to really re-invent and re-invigorate a medical school,'" Dr. Stern said. "There was something that intrigued me about this."

He is, in fact, intriguing himself, a man who loves music, science, his family and his life. As a child, he could often be found at Christmastime scouring New York City's famous jewelry district, searching for tiny treasures such as just the right pearl to repair a broken family heirloom. The boy would travel the subways, running such errands for his dad, then a watchmaker who owned several jewelry stores. Every day for about 40 years, Robert Stern would take the Long Island train from the small town of Great Neck, where he, his wife and their two boys, David and Donald, lived. When he wasn't helping his father, Dr. Stern was busy in the basement laboratory he and his dad built with second-hand parts and a lot of love.

"All through school, I was always doing chemistry magic. I was the guy who always had things that exploded and smelled." He also was the one who kept his parents wondering if their fire insurance was adequate.

While science was booming in the Stern household, other loves blossomed as well. Dr. Stern's mother, an accomplished musician, went to a rental store one day, finding that the only instrument left was a slightly bent clarinet. "It had been run over by a school bus," said the consistently frank Dr. Stern. "That's how I chose the clarinet."

In high school, Dr. Stern trained

President Dan Rahn and Dean David Stern perform together at a fall campus event at the president's home.

with renowned clarinetist Leon Russianoff. "When he took me, it was a dream come true. It was very exciting for a little guy from the suburbs. Every Saturday I would go to Mr. Russianoff's studio in Manhattan and be transported into a world of the highest level of music-making."

His teacher taught him to play expressively by imitating the human voice. "I remember he used to say that, for me, things were easy because I never knew what was hard. I just went home and learned whatever he assigned."

Practice really did make near-perfect, and a relationship that began by chance turned out to be true love. Dr. Stern played in Carnegie Hall and served as first clarinetist for Stokowski's American Symphony Orchestra in New York while he earned his undergraduate degree in chemistry at Yale University.

"At a certain point, there was a question of whether I was going to take a job in a major symphony or I was going to continue to be a student," he said. "My father convinced me that I would have a better life if I continued the pursuit of science and do that in the context of medical school."

Putting aside his clarinet, Dr. Stern moved full speed ahead with science, spending a year at Columbia in chemical physics before entering Harvard Medical School in 1974. At Harvard, he met and married Kathleen Shirley Stern, now an ophthalmologist. They have two sons, Alan, a high school senior, and Eric, a senior at Yale majoring in chemistry and electrical engineering.

Dr. Stern returned to Columbia for his internal medicine residency and hematology fellowship, training under Dr. Hymie Nossel, a hematologist internationally known for his studies of the clotting mechanism.

His teacher called the blood vessel walls 'those golden hills' and Dr. Stern started living in them. "At that time, the study of how blood clotting occurs had been focused only on the blood itself. However, it was becoming clear that much of what happened in the blood was going to be determined by the tubes it ran through," Dr. Stern said.

It was an exciting time and the well-funded senior scientist put a lot of confidence in his student. "Then, unexpectedly, just a few months after I joined the faculty at Columbia, Dr. Nossel died."

Dr. Stern looked for opportunities for further training. He spent two years at Oklahoma Medical Research Foundation, then returned to Columbia as an associate professor in the Department of Physiology and Cellular Biophysics. He established a laboratory that would grow into the university's Center for Vascular and Lung Pathobiology, a research unit eventually involving 80 people.

Despite his dexterity on the clarinet, he proved to be a bit of a klutz in the lab, so he focused on guiding the research of the scientists working with him.

The 'golden hills' held many mysteries, and he was in search of a new protein and gene related to them. He discovered a receptor that his research group called Receptor for Advanced Glycation Endproducts, or RAGE. The receptor is likely linked to the destructive changes in the blood vessel walls of diabetics, potentially predisposing them to accelerated atherosclerosis, heart attacks, strokes and other vascular problems.

It turns out that RAGE binds to several classes of molecules, including protein fragments associated with Alzheimer's disease, and the biology of this receptor appears linked to a range of disorders.

He found what others only looked for because he looked in a different place, the lungs, not typically associated with diabetes. The discovery was one of many high points. "If I had it do again, I would. It's very exciting," he said, his voice rising at just the recollection.

But such findings are infrequent in a career. "You have to realize that 99.9 percent of it is failure. Even though we found it, most of the ways that we looked for it failed; most of the things we predicted the receptor would do proved not to be correct. That is just how it is. You have to really want to do research. But, oh, that 0.1 percent...it absolutely carries you through the rest of it."

And that brings him back to the fire

in the belly. An academic medical center, he says, must have the right mix of people who excel in one or more of the missions of research, education and service, to work together and feed off each other.

As he recruits new faculty and builds support for existing members, he focuses on the total picture of what the School of Medicine can be. "I spend most of my time trying to figure out who the best people are to be here, whether they are doing the things they are best suited to do and how we can remove roadblocks."

He applauds the School of Medicine's education and tips his hat to Dr. Ruth-Marie E. Fincher, vice dean for academic affairs, Dr. T. Andrew Albritton, associate dean for curriculum, and to all faculty members for their commitment to students. He cites students' match rates with their residencies of choice as evidence of the quality of their education.

But some things, he said, need improvement. MCG's top medical students typically go elsewhere for postgraduate training—not uncommon among medical schools nationwide, but

he wants MCG to draw back the best and brightest at some point in their careers. A new emphasis on clinical and research work should help by attracting and retaining good faculty.

"We often hire good young people who stay here a few years, then go on to a larger academic medical center that may be higher in the NIH rankings," he said. The most successful retention tool is showing these faculty members the value of staying, the dean said.

"The reason to stay is it enhances their careers," he said. "If I am part of an intellectual machine that is generating papers and excitement, then there is a reason to stay."

Obtaining an NIH Program Project grant, such as the one awarded to Dr. Frank Treiber and the Georgia Prevention Institute this year for hypertension studies, is an example of how synergy breeds success. Now Dr. Stern plans to ensure that Dr. Treiber and the other faculty get the administrative support they need. He thinks Program Project grants in physiology, immunotherapy, vascular biology, neuroscience and other areas are within grasp, initiatives that can propel the school in the NIH rankings.

The new dean is plain-spoken about his goals. "I intend to succeed in raising the level of the school according to the goals of all missions. I have a secret weapon: no alternative," he said of the mandate to get the affairs of the School of Medicine not only in order, but shining. He appreciates the support he has in the president, his fellow deans, the MCG Health System and the Physicians Practice Group to do just that.

Dr. Stern wants the faculty to have the same clear idea of what is expected of them and has developed benchmarks of progress. These metrics for clinical, research and educational missions are flexible goals to be interpreted and adjusted for each faculty member by his chairman, he said. "The most valuable thing we have is our effort. If the faculty is making an effort, then we have to give them the tools to succeed. I am interested in pushing the window so we can [maximize our] resources and skills. That is what I spend my nights thinking about."

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CROSS INTO THE BLUE

Unleashing the Power

Toni Baker

Dr. Edward Jenner noticed that the milkmaids in his small English hometown of Berkeley were more resistant to the killer disease, smallpox, than others. This 18th century physician thought maybe the women were exposed to something in their daily routine that protected them. His observation led to the first vaccine—from the Latin word for cow, vacca—that would eradicate smallpox.

"It's a classic case of observation, in this case by a physician in the field, leading to a treatment without the underlying knowledge of what it was doing," said Dr. Andrew L. Mellor, chief of the Medical College of Georgia Program in Molecular Immunology, associate director of the Institute of Molecular Medicine and Genetics and Georgia Research Alliance Eminent Scholar in Immunogenetics.

These days, scientists such as Dr. Mellor are uncovering fundamental knowledge about how the immune system works and how it can be made to help fight disease. As they learn more, scientists are finding that the immune system has a causative and potentially curative role in many types of diseases, everything from type 1 diabetes to cancer.

The universality of this system has made immunotherapy a common word among scientists and the focus of a new center at MCG. The Immunotherapy Center is reaching across school and department lines to bring together researchers uncovering the many secrets of how the immune system works—and how they can make it work better, said Dr. Mellor, the center's first director.

The initial focus is cancer and studies based on the discovery of Dr. Mellor and his colleague, Dr. David Munn, that a fetus manipulates the immune system to avoid rejection by his mother. The scientists found that an enzyme, indoleamine 2,3-dioxygenase, was expressed from the fetal side of the placenta at every point where the mother and fetus touch. In fact, IDO can be found throughout an adult as well at points, such as the respiratory and gastrointestinal tracts, where 'foreign' substances routinely come in contact with the body.

Researchers at MCG and elsewhere since have explored whether persistent tumors and viruses such as HIV also use this mechanism to escape the immune system. Now they are looking at whether an inhibitor that blocks IDO expression could free the immune system to attack these potential killers.

IDO suppressors may one day be viewed as vaccine adjuvants in patients, Dr. Mellor said of the potential for cancer treatment. "If we block the mechanism tumors naturally use to protect

Dr. Andrew L. Mellor

Dr. David Munn

themselves, we should get a better response from the patient's immune system. [Experiments indicate] this is efficacious."

Conversely, there are times, such as when the immune system inexplicably targets the pancreas' insulin-producing islet cells, that the pancreas and patient could, like the fetus, benefit from localized suppression of the immune response.

"It's like the Eastern philosophy of yin and yang," he said. "Whenever there is a positive response, there is an element of negative with it. That is the way we do everything in immunotherapy. In cancer and infectious diseases, we need to make the immune system work better; we need to re-activate it. For transplant patients and those with autoimmune disease, we need selective de-activation."

In autoimmune diseases such as type I diabetes, a small percentage of immune system cells target particular, healthy body tissue or cells. Today, broad-acting immunosuppressive drugs attempt to halt the attack. But the overkill puts the patient, who is now immuno-compromised, at risk for all types of infections. "To use a drug that is hitting every single component of the immune system is not the right way of tackling a problem that is very specific," Dr. Mellor said. "For example, we don't want to interfere so that lymphocytes no longer recognize flu antigens."

So the scientists also work to make selective suppression happen. MCG recently recruited Dr. Jin-Xiong She from the University of Florida to direct MCG's new Center for Biotechnology and Genomic Medicine. Dr. She, a Georgia Research Alliance Eminent Scholar in Genomics who studies the genetic and immunological mechanisms of type 1 diabetes, works with Dr. Mellor and others to further understand development of the disease that attacks the insulin-producing cells. Goals include finding genetic markers to accurately predict who will develop this disease and ways to stop the immune system from attacking the pancreas.

Dr. Jin-Xiong She

Dr. Mellor's longtime research partner, Dr. Munn, who also plays a prominent role in the Immunotherapy Center, is looking at a type of dendritic cell that is tolerance-inducing. "They turn off the immune system but not all lymphocytes, so the application for those are getting very exciting," Dr. Mellor said. "Imagine a therapy that makes it possible to completely turn off the immune system's response to, say, your joints in rheumatoid arthritis or your islet cells in diabetes."

Genetically manipulated antibodies called therapeutic antibodies likely will have a role in this selective adjustment as well. "Normally, you wouldn't find antibodies doing anything like the therapeutic effects we envision in the clinic using these engineered antibodies," Dr. Mellor said. Antibodies in fact help the immune system identify targets, called antigens, for attack. They are particularly good at neutralizing viruses and bacteria.

But therapeutic antibodies block immune system activity by, for example, sequestering cytokines, factors that promote immune system activity. "You sort of douse the fire so that now the damage caused by the inappropriate immune response is somewhat less," Dr. Mellor said.

HIV infection is another high priority for the Immunotherapy Center. A number of prophylactic vaccines are under development worldwide. "But we have a different view based on the IDO mechanism," Dr. Mellor said. "Again, we think there is a case to be made that HIV may have learned a trick that the fetus uses and that tumors use to turn on the IDO mechanism and protect themselves from the immune response. The out-of-balance component here is that the virus has learned how to turn off the immune system and we need to turn on the immune system again so the virus is at risk of being defeated."

Other priorities include pursing the potential of the IDO mechanism to allow localized suppression that would give patients with transplanted organs a better option than the lifelong generalized suppression they now face.

Inflammation, which is emerging as a major player in autoimmune disease, cancer and cardiovascular disease, will be another study area for the center as researchers explore its potential as a trigger for disease.

The new center is a site for synergy and growth in the developing field of immunotherapy, Dr. Mellor said. It's a focal point as well for bringing new expertise to Augusta, fostering collaboration with outside groups and moving discoveries from the laboratory to the bedside.

ROCK SOLID

Christine Hurley Deriso

R. Bryan Ginn Jr. has several treasured possessions—the Congressional desk his dad gave him as a high school graduation gift comes to mind—but the most special, in his estimation, is a rock.

That's it. Just a rock.

"My grandfather carved it into a marble when he was a little boy," Mr. Ginn explains. That was his grandfather's only childhood toy, and he passed it along to his grandson many years later as a reminder of the family's humble roots.

The grandfather was proud of his hard-working family; together, they eked out a living by farming their small plot of land in rural Georgia. But he wanted better for his children and grandchildren, and he knew the ticket out of poverty was an education.

"He placed a premium on education—something no one can ever take away from you," says his grandson, who recently joined MCG as vice president for external affairs and government relations.

The message took. The grandfather raised a son, Ronald "Bo" Ginn, who grew up to serve in the U.S. Congress from 1972 to 1983. A narrow defeat in the Georgia governor's race in 1982 ended Bo Ginn's political career, but his fierce commitment to civic duty is a characteristic he exemplifies to this day—and one he passed down to his son and two daughters.

Bo and wife Gloria raised their children in Millen, Ga., with Gloria teaching school and Bo commuting to Washington, D.C. Bryan and his sisters were largely insulated from their father's prominence; their day-to-day lives in rural Georgia differed little from that of their friends. School, chores, baseball and visits to Grandma's house were the order of the day.

The Ginn children's occasional up-close-and-personal glimpses of politics were decidedly unglamorous. Family "vacations" consisted of car trips throughout southeastern Georgia as Dad met one on one with seemingly every constituent in his district.

Son Bryan recalls with a laugh the one and only time he ever mistook his father's position for privileged entitlement. His father had just won his first Congressional seat and drove the family to a budget motel in the nation's Capitol to attend his swearing-in ceremony. As the motel clerk checked them in, 7-year-old Bryan puffed out his chest and said, "Do you know who my dad is? He's a *congressman*."

"Dad took me outside and gave me the first and only conversation I ever needed to indicate that I was no better than anyone else," Mr. Ginn says with a wry smile. "Let's just say our little chat left an indelible impression."

His parents' values, he says, were steadfast, with no room for misinterpretation. "My dad's involvement in good governance has certainly been a major factor in my life," says Mr. Ginn. "I watched how he operated with integrity, compassion and a sense that everyone has a voice. Everyone has something to offer."

Likewise, his mother was unequivocal in her commitment to fairness, kindness and service to others. "She was a grand Southern lady, so effective in all of her roles," Mr. Ginn says. "She lost a battle with cancer four years ago, but she fought it with grace and dignity."

By the time Bryan Ginn graduated from Georgia Southern University in 1987, he was ready to start a family—he married college sweetheart Caroline—and to devote his own life to public service. He worked for Georgia Sen. Wyche Fowler, then for U.S. Rep. Lindsay Thomas. Next, at the ripe old age of 28, he ran for a U.S. Congressional seat himself...and lost. "I came in a very close third in a field of seven in the party primary," he recalls. "I wouldn't say I was devastated...my loss really wasn't as disappointing as my father's loss in the governor's race 10 years earlier...but I knew I had to seek new challenges."

He returned to his alma mater, joining Georgia Southern's development team. The school, morphing from a college to a university during Mr. Ginn's tenure, was growing tremendously, and he loved being part of the process. "I saw the energy and excitement of an institution that was virtually transforming itself," he says.

Then, in 1998, another rapidly growing University System of Georgia institution—Kennesaw State University—invited him to come aboard.

"I've had the chance to work for two very visionary presidents who saw what their institutions could become," says Mr. Ginn. As director of state and local relations and assistant to the vice president of university advancement at Kennesaw, Mr. Ginn participated in a fund-raising effort that almost doubled the university's campus space. During the same time period, Kennesaw's student body grew from 9,700 students to almost 16,000.

So when an opportunity arose in yet another rapidly growing University System of Georgia institution, Mr. Ginn relished the challenge. He joined MCG last summer, overseeing the university's new Division of External Affairs and Government Relations.

"It's a new day—new leadership, new focus, new direction—and with that comes exciting opportunities," says Mr. Ginn.

In addition to overseeing publications, media relations, public affairs and marketing at MCG, Mr. Ginn serves as a liaison to state legislators, members of Congress, government agencies and other key players in helping MCG optimize its missions of education, research and patient care.

Mr. Ginn is keenly aware of MCG's illustrious past—his sister, Julie Moretz, is a Children's Medical Center administrator whose father-in-law served as the university's president from 1972 to 1983—but he is even more attuned to its vital future. "It's great to have the opportunity to build on past successes," he says. "These are exciting days for the

institution. With a new chancellor, a new president, and a board of regents and governor who understand and support our mission, there's no limit to what we can accomplish together."

He is anxious to convey the university's mission and its accomplishments to the public at large. "The perception needs to be enhanced to reflect our focus, our mission and the quality work that is going on here," he says. "We must broaden our base, expand our contacts and work closely with legislators and the governor's office.

"I expect quite a bit of interaction with legislators to convey President Rahn's mission, the challenges we face and the budgetary needs to fulfill our goals," Mr. Ginn says. "I think it enhances the University System of Georgia to provide accurate, quality information regarding issues that affect MCG. We want to be in a position to define our emerging role. We do that by being available to have candid discussions with the people representing us."

His success in representing MCG's interests, he says, ultimately boils down to one thing: relationships. "By building strong relationships, there's always the opportunity for a dialogue," he says. "At the end of the day, we can all come together and either agree to disagree or agree to move forward together."

President Rahn notes that Mr. Ginn has a genuine respect for others' opinions and an eagerness to solicit new and divergent ideas. "He brings a very high level of professionalism to MCG initiatives in external and government relations," he says. "Bryan is a man of impeccable character."

Mr. Ginn's wife, Caroline, concurs. "As I got to know him at college, I quickly realized that his character made him very special," she says. "I'm confident he'll bring to his job the qualities of enormous energy and extraordinary dedication."

An added bonus of working at MCG, the Ginns note, is that the move brings them closer to family. Bryan's father lives in Augusta, as does sister Julie and her family. The Ginns' children, 11-year-old Bo and 7-year-old Carson, are thrilled by the quick proximity to Grandpa, their cousins and the rest of the extended family.

Mr. Ginn's schedule, incidentally, is liberally interspersed with Bo and Carson's social calendars. "Bo plays baseball and Carson plays soccer," he says. "Bo likes hunting and fishing; Carson likes tea parties."

Mr. Ginn factors all these activities into his agenda, pointing out that yet another rock is prominently displayed in his office amid photographs of his family. The rock is engraved with the word "balance."

"I learned from my grandfather," he says, "that life is what you make it."

Dr. Allen Beck with wife Linda

Pulling Curtains Open

Christine Hurley Deriso

Dr. Allen Beck likens himself to Dorothy in *The Wizard of Oz*.

She sure *looked* unassuming in her pigtails and gingham, but only she had the courage to pull the curtain open and see the wizard for who he really was.

Kind of a bummer, really, seeing the pudgy little blowhard behind the smoke and mirrors. The illusion of the wizard, with all that flash and pizazz, was a lot more fun.

But Dr. Beck feels he owes it to his patients to look reality squarely in the face, particularly in this age of cleverly marketed "cures" for wrinkles, cellulite, insomnia, obesity, depression...everything that ails you.

"I'm a hard-nosed skeptic," says Dr. Beck, a 1969 graduate of the Medical College of Georgia School of Medicine whose life in Crested Butte, Colo., takes him everywhere from ski slopes to Indian reservations. "I cast a critical eye on anything new and trendy. It doesn't matter to me where the information comes from. I have to be convinced. I want to know not only *whether* it works, but how and why."

On the other hand, Dr. Beck eschews what he perceives as the elitism of Western medicine. "I've studied the literature extensively and found a lot of legitimate alternative medicine," he says. "I call it my roots-and-herbs medicine. There is more to medicine than Bayer aspirin and penicillin."

Dr. Beck, an Augusta native, never had to look far for potential alternatives. "In rural Georgia, lots of people have used herbal treatments through the years," he says.

And he was always encouraged to pull curtains open. "I have always been a contrarian. I come from a family of renegades, and I just never took a straight path. Then, when I got to MCG, I met Dr. [Robert] Teabeaut, who was one of these outside-the-box people. He insisted that the worst thing you could do was be a textbook physician. That stuck with me."

Early into his career, Dr. Beck grew frustrated with the limitations of his field. "Western medicine is very protocol-oriented," he says. "There are algorithms to apply to any circumstance: 'Do this if they have that.' Cookbook medicine."

He used that very cookbook to save many lives, first as a general practitioner, then as an emergency medicine physician. But he sensed there was much more to know. His first step was to take a year off. "I was just burned out," he says. "I spent my time writing fiction. Since that year of bad writing, I've gotten better."

He also got refreshed. Having successfully launched their two sons into adulthood, he and his wife moved to

Colorado, where Dr. Beck opened the Coal Creek Wellness Center. "The center is basically me in an office in my house," he says, quick to dispel any misconceptions that his distaste for pretension could never abide.

He is a generalist again, but he has incorporated things like herbs, nutritional supplements and referrals to acupuncturists and massage therapists into his practice. "I call it integrative or complementary medicine," he says, and insists that his approach is much more mainstream than one might think.

"Medical journals now cover alternative treatment, documenting basic and clinical research. If you look outside the window a little bit, you'll find these things. And the public demands it. Drugs are so expensive that people are looking for a more frugal way to take care of themselves. True, there are lots of dubious, false claims out there, but the public wanted something more than what we had to offer."

He also emphasizes prevention, touting the many benefits of a healthy lifestyle. His message resonates in health-conscious Crested Butte. "This is a sports town—hiking, skiing, biking... People here are very healthy and very active."

Dr. Beck practices what he preaches. "I love skiing. I walk out my front door and I'm within half a mile of a hiking trail or ski slope."

Don't look for him to train for the Olympics any time soon, though; he has no delusions about the middle-aged body that somehow commandeered his youthful exuberance. "My knees tend to take a few more days to recover from exercising, hiking and standing on my feet for eight hours," he writes on his Web site (http://home.mindspring.com/~occam2/). "I still can do most everything I ever did in younger days but as the cliché goes, slower and less often."

All in all, he figures, not a half-bad deal. "The bottom line is that while getting older is inevitable, getting old is not. As I like to tell patients, it's not the age, it's the mileage. I plan to run up quite a few more miles on this engine."

Dr. Beck shares his philosophies, musings and medical advice on his Web site—a resource that seamlessly combines his joint passions of medicine and writing. The site includes his plays, poetry, children's stories and a column called "The Doc Is In" that once was a weekly feature in his local newspaper.

He still works hard, but he cultivates a leisurely pace that leaves plenty of time for fun and reflection. As he looks to the future, he counsels his patients to follow his lead: "All I can hope for is a graceful process, full of laughter, music and good vigorous work-outs along with the occasional aches."

July 2002—Jicarillia Apache "Little Beaver" Pow Wow, Dulce N.M.

Dr. Beck indulges another of his passions, music, as he performs with son Eric on Open Mike Night.

A Chink in the Armor

When Dr. Robert A. Pendergrast Jr. complained of chronic back and foot pain in 1998, his wife made a suggestion that he considered patently ridiculous.

"She told me I should try magnets," recalls Dr. Pendergrast, a 1983 School of Medicine alumnus and associate professor of pediatrics at the Medical College of Georgia. "I thought it was absurd, but I found out that it worked. That opened a chink in the armor."

Four years later, the initial chink has widened to an open-minded, but scientifically critical willingness to examine a wide variety of healing modalities. Dr. Pendergrast is helping develop an alternative, or integrative, medicine curriculum for MCG students in all five schools.

"A landmark study in 1993 showed that 34 percent of Americans were already using something alternative," Dr. Pendergrast says. "Part of the reason is the dissatisfaction of patients sensing they are perceived as no more than their diagnosis. The sense of holism and humanity sometimes has been removed from the health care interaction, unfortunately."

In his office filled with oriental art, a gurgling rock sculpture and calming New Age music, he is trying to restore the balance. "The key," he says, "is 'in addition to,' not 'rather than' conventional medicine. We want to graduate health care professionals who understand there are other ways of looking at health and illness. What other modalities are safe? When is it appropriate to refer a patient to an [integrative medicine] specialist? How do you interact with these clinicians? What standards determine quality science from junk science? These are some of the issues our curriculum will address."

He also wants MCG to serve as a statewide resource so that health care providers and their patients have easy access to information about integrative medicine. "Patients shouldn't feel shut out of good information," Dr. Pendergrast says. "They have a right to make a choice, but they also have a right to trust that their information is solid."

The most important message he wants to convey is that the body is its own best healer. "The wonder of the way we're created is something a lot of people forget," he says. "If we learn to listen to our bodies and tune into built-in healing mechanisms, we're well ahead of the game."

He cites the importance of such tried-and-true immune-system boosters as regular exercise, a healthy diet, adequate sleep and spiritual grounding. "It starts to sound like the things your grandmother told you," he says, "but it's so important. Prevention has got to take off or we'll all be impoverished. We can't afford to keep being sick. I think the public is increasingly receptive to the message. They're open to taking responsibility for their own wellness…but we've got a long way to go."

That's OK. Dr. Pendergrast, by nature and by life experience, is a patient man. He also is realistic enough to know that the best-laid plans can go awry. He learned that the hard way two years ago when, despite his healthy lifestyle, he was diagnosed with a brain tumor. He cites a combination of the new and the old, the conventional and the alternative, as the key to restoring his health. Dr. Pendergrast supplemented his surgery and radiation treatment with herbs, vitamins, meditation, exercise and a healthy diet. "I feel great, but the real proof will be 60 years from now," he says. "I'll never know what I prevented."

He maintains his healthy habits to this day and counsels the public to do the same. "I want to empower my patients to know that they can be well…and here's how," he says. "And if you get sick—hey, even I got a brain tumor, for crying out loud—then we're going to make every avenue of healing available to you."

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The Fitness Factor

This winter, the Medical College of Georgia is making a dream come true... a dream some 30 years in the making.

That's how long MCG students have expressed their support for a wellness center on campus. The students have worked tirelessly through the Student Government Association to make this dream a reality.

Now it is. The Medical College of Georgia Wellness Center opens its doors this winter. Won't you join, not only to enjoy the premier fitness facility in the CSRA, but to support the students who made this possible? A healthier Georgia starts right here on campus.

Optimal facility

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- Exercise/aerobics studio and classes
- Cushioned indoor walking/running track
- Locker room and shower facilities
- Fitness assessment and exercise prescription
- Wellness and lifestyle classes taught by MCG's Sports Medicine staff

Optimal convenience

- Open 6 a.m. to 10 p.m. weekdays, 9 a.m. to 5 p.m. Saturdays and 1 to 9 p.m. Sundays
- Affordable membership fees ($30 a month for MCG and MCGHI faculty and staff)
- Easy payment options including payroll deduction
- Spouses welcome to join
- Daily guest passes available
- Adjoins the Student Center, which includes meeting rooms and the MCG Bookstore

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Call today (706) 721-6800
or find an application online at
www.mcg.edu/wellness.

Medical College of Georgia

Wellness Center

Remembering MCG in Your Will

Many people have good intentions about creating or updating a will, but often they never quite get around to doing it. Nearly 60 percent of American adults have no will or have an outdated one.

A will allows you to recognize people and institutions that have meant the most to you. Without a will, the state can decide who benefits from your life's work. When creating or updating your will, please consider providing for MCG and its future. A charitable provision in your will is one of the simplest ways to make a future contribution to MCG.

Many options are available if you choose to name the Medical College of Georgia Foundation, Inc., a beneficiary, including:

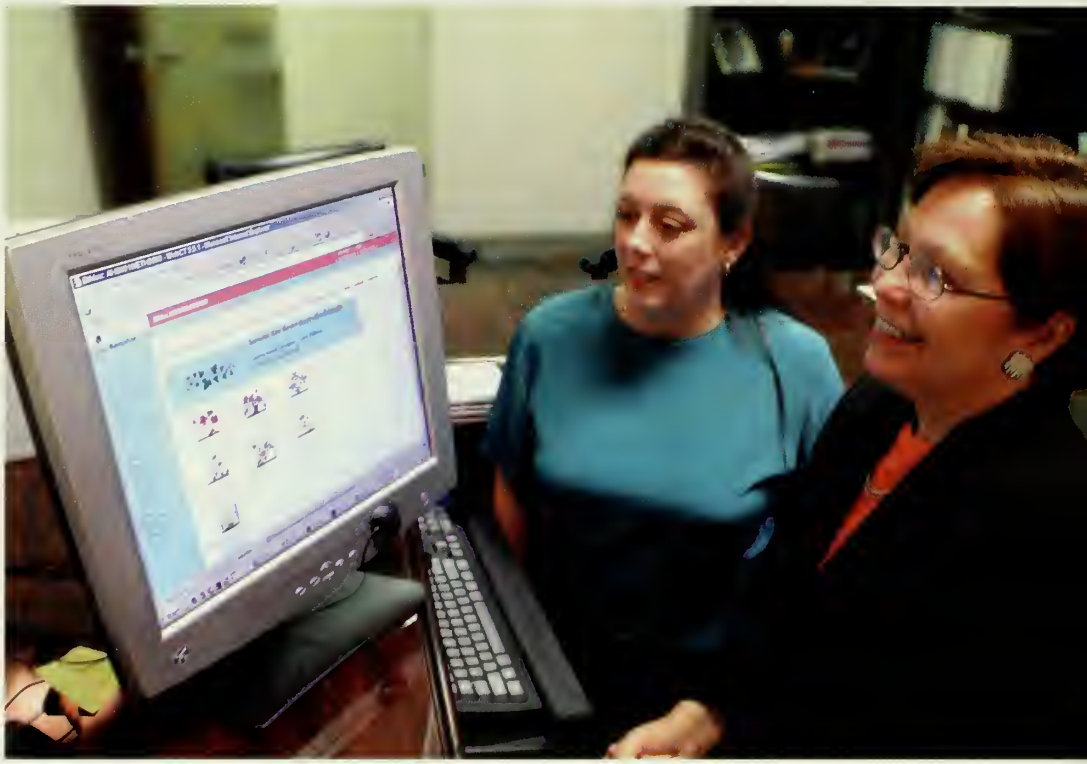
- A bequest of a fixed dollar amount.
- A percentage of your estate, allowing you to keep the division of the estate residue in desired proportions regardless of its size.
- A contingent gift in which funds go to MCG if a designated beneficiary predeceases you.
- A trust that pays an income to a designated individual for life, with the remaining principal to be given to MCG thereafter.
- A gift in memory/honor of yourself, your family or a person you have loved or admired.

If you plan to make the Medical College of Georgia Foundation a beneficiary, please let us know so that we can ensure your wishes are fulfilled.

To learn more about how to give to the Medical College of Georgia through your will, call Troy Breitmann, CFP, at the MCG Office of Planned Giving at 1-800-869-1113 or e-mail tbreitma@mcg.edu. To explore more tax-wise options for making gifts to MCG, visit www.mcg.edu and click on the Alumni and Friends link.

The information in this article is not intended as legal advice. For legal advice, please consult an attorney. Tax laws are subject to change, which may affect statements in this publication.

AlumNews



Kitty Hernlen (left), Clare Billman

Online Course Wins National Honor

Christine Hurley Deriso

A Medical College of Georgia class introducing the principles of medical ethics has been named a 2002 Exemplary Course by WebCT, the world's leading provider of integrated electronic learning systems for higher education.

WebCT's Exemplary Course Project showcases the best higher-education courses taking place partially or entirely online. This year, eight winners were selected from 85 applicants nationwide. "The winning courses showcase tremendous intelligence and creativity in harnessing the Internet to make education more effective, not just more cost-effective," according to the WebCT Web site.

The MCG course was developed by Kitty Hernlen, a respiratory therapy instructor, and Clare Billman, director of the Office of Educational Design and Development. The interdisciplinary course allows students to discuss issues related to medical ethics in a non-threatening format.

Ms. Hernlen, who created the content, has taught the course three times. Ms. Billman incorporated the activities, communication, tools and programs into the course.

"Studies have shown that students who have discussed ethical situations and topics as part of their curriculum are better prepared to handle ethical dilemmas when they are professionals," Ms. Hernlen said. "I mainly want the students to think—to explore the ethical principles and how they may affect their own lives, both professionally and personally."

The course was developed specifically for online instruction, Ms. Billman said. "Students were given activities in which they had to communicate with and learn from each other as well as from Ms. Hernlen," she said. "The Web-based activities required decision-making, research and compromise. The outcome was a course rich in ideas, information and reality."

MCG has developed over 350 Web-based courses in all five of MCG's schools since 1997. The courses enable students to listen to lectures, participate in discussions, view demonstrations, practice clinical skills, take tests and see the grade they've earned, all while sitting in front of their computer screen at home.

Agreement Provides ASU Springboard

Christine Hurley Deriso

A new affiliation agreement makes it easier than ever to use Augusta State University as a springboard to a Medical College of Georgia degree.

The agreement provides an automatic pathway from ASU to MCG for students who complete specified requirements. Meeting those requirements leads to an associate degree from ASU and a bachelor's degree from MCG in dental hygiene, health information administration, medical technology, radiologic sciences or respiratory therapy. The program requires two years of full-time study at ASU and two years at MCG.

"We're very excited about creating a pipeline for Augusta State students to move smoothly from an associate degree at ASU to a bachelor's degree here," said Carol Nobles, director of student recruitment and admissions at MCG.

General requirements include completing all core curriculum courses required for an MCG baccalaureate degree; completing courses required for an ASU associate degree with at least a 3.0 grade point average; participating in activities required for the coordinated program; and sitting for an interview before transferring to MCG. The interview assesses qualities such as academic performance, personal attributes and likelihood to succeed in a health career.

Ms. Nobles explained that qualified ASU students have always had the option of applying to MCG for a baccalaureate degree after completing their core curriculum courses. But this program ensures admission, provided the requirements are met, and offers an ASU associate degree before moving on to MCG.

The departments involved in the agreement—dental hygiene, health information management, medical technology, radiologic sciences and respiratory therapy—are housed in the MCG School of Allied Health Sciences. All offer excellent career opportunities, according to Ms. Nobles.

Dental hygienists take and record dental and medical histories; perform oral examinations; assess dental hygiene treatment needs; and scale and polish teeth.

Health information administrators use computerized information systems to gather and maintain health information and medical records; develop and maintain computer database management systems for ready access to health information; provide statistical reports for patient care, administrative planning and health program evaluation; and assure medical information systems meet the standards and requirements of licensing, accrediting and certifying agencies.

Medical technologists work with computerized technology to conduct patient tests; evaluate test methods; and manage and train laboratory personnel.

Radiologic scientists use radiation, X-ray technology, computerized tomography, magnetic resonance imaging, mammography and other radiation-based technology and therapies to help diagnose and treat disease.

Respiratory therapists treat patients with cardiopulmonary disease; help physicians assess and treat patients with breathing disorders; use high-tech equipment to help patients breathe; work with health care professionals in educational, research and clinical initiatives; and evaluate cardiopulmonary function using specialized equipment.

Those interested in the programs are invited to take an MCG Closer-Look Tour to learn more about them. If interested, call (706) 721-2725 or (800) 519-3388.

Wanted: Old Photos

Medical College of Georgia Historian Lois T. Ellison is soliciting old MCG-related photographs for possible inclusion in an upcoming pictorial publication. All photographs are welcome, including those depicting students, faculty, buildings, classrooms, laboratories, clinics, official functions, social events, etc. Photographs will be digitally scanned and promptly returned to the owner in the condition in which they were submitted. Please mail your MCG photos to Dr. Ellison or contact her for more information at:

Dr. Lois T. Ellison
Medical Historian in Residence
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Medical College of Georgia
Augusta GA 30912
(706) 721-4013
ellisonl@mail.mcg.edu

Class Notes

School of Allied Health Sciences

William M. Winn (medical illustration, '66) received the 2002 Broedel Award of Excellence in Education from the Association of Medical Illustrators.

Eileen Schweers Ray (physical therapy, '87) and **Dr. Roger A. Ray** (MCG neurology resident, class of '88) announce the birth of their third child, Josephine Alana (Josie) Ray, born June 3. Josie's big sisters are Cassie, 6, and Mollie, 4. Eileen works occasionally in aquatic physical therapy at the Anderson Area Medical Center. Roger is executive vice president of AnMed Health System and continues his neurology residency part time. He is president of the South Carolina Board of Medical Examiners.

Frank M. Corl (medical illustration, '97) received the 2002 Ralph Sweet Award for Best Professional Illustration from the Association of Medical Illustrators.

John J. Martini (medical illustration, '81) received the 2002 Muriel Maclatchie Miller Fine Arts Award from the Association of Medical Illustrators.

School of Graduate Studies

Dr. Charisee Lamar (Ph.D., '98 and B.S. in respiratory therapy, '88), has been appointed program director for Health Disparities and Women's Health Research at the National Institute of Arthritis and Musculoskeletal and Skin Diseases (an institute within the National Institutes of Health). She will coordinate women's health extramural programs.

School of Medicine

Dr. H. Calvin Jackson ('45) retired Sept. 1, 2000 after 52 years of family practice in Manchester, Ga.

Dr. Kimford Meador ('76) has been appointed chief of service for the Department of Neurology at Georgetown University Hospital in Washington, D.C. He will advance the hospital's epilepsy

monitoring and surgery programs. He also continues as the principal investigator of a multi-center National Institutes of Health grant studying whether anti-epileptic medications affect a child's cognition and behavior.

Dr. L. Michael Prisant ('77), director of the Clinical Hypertension and Pharmacology Unit at MCG, has been elected to a five-year term as a regent of the American College of Clinical Pharmacology. He has also been elected an at-large member of the board of directors of the Carolinas and Georgia Regional Chapter of the American Society of Hypertension. He will serve a two-year term on the governing board of the chapter, which works to increase awareness among physicians of hypertension, related diseases and treatments.

Dr. Lynne S. Wilcox ('80), director of the Division of Reproductive Health at the National Center for Chronic Disease Prevention and Health Promotion at the Center for Disease Control in Atlanta, has been elected to the Johns Hopkins University Society of Scholars. The society inducts postdoctoral fellows and junior or visiting faculty at Johns Hopkins who have gained marked distinction in their fields of physical, biological, medical, social or engineering sciences or the humanities.

Dr. Christopher Cates ('82), founder of a national forum for exchanging ideas specific to cardiovascular medicine, chaired the American College of Cardiology's 11th annual Strategies for Success symposium June 27-29 in the Bahamas. Dr. Cates is one of four Georgia doctors with honorary membership in the International Andreas Gruentzig Society, named after the physician who invented the angioplasty procedure. In February, Dr. Cates was a featured speaker at the American College of Cardiology's meeting on Saint Lucia Island.

Navy Lt. Craig J. Randall ('99) recently was deployed for six months to the Mediterranean Sea and Arabian Gulf while assigned to the 24th Marine Expeditionary Unit, based in Camp Lejeune, N.C. He is one of more than 4,000 Atlanta Fleet sailors and marines aboard the ships of the USS Nassau Amphibious Ready Group. His unit is an expeditionary intervention force with the ability to rapidly organize for combat operations in virtually any environment. For more information on the deployment, visit http://www.24meu.usmc.mil.

Dr. Philip R. Spandorfer has been named an assistant professor of pediatrics specializing in emergency medicine at the University of Pennsylvania School of Medicine. His research focuses on assessing and treating dehydration in children with viral gastroenteritis. He received the 2000 and 2002 Jean Cortner Divisional Teaching Awards from The Children's Hospital of Philadelphia's pediatric residency program and is a peer reviewer for Pediatric Emergency Care and Annals of Emergency Medicine.

Obituary

Dr. Frank H. Stelling III ('38) died Dec. 27, 2001 at age 85. Dr. Stelling, a nephew of former MCG President Edgar Pund, was chief surgeon at the Shriners Hospital in Greenville, S.C., from 1949 to 1978. He also was a partner in the Piedmont Orthopaedic Clinic, which he started with Dr. Les Meyer in 1949. He was on the Greenville Hospital System medical staff for 48 years, serving as president of the Greenville General Hospital medical staff in 1959. In 1978, he became director of medical affairs for Shriners Hospital of North America, retiring in 1986. He led the orthopaedic residency programs in Greenville until 1978. The Shriners established the Frank H. Stelling Pediatric Orthopaedic Lectureship at MCG. Dr. Stellings' survivors include wife Donna, six children and 12 grandchildren.

Deadline for submitting information for publication in the summer issue of AlumNews is February 7, 2003.

Alumni! Let us know what's new with you by taking a moment to fill out this form. Also, please send us your curriculum vitae so we can keep your files up-to-date.

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Name

Telephone number

School graduated from

Degree Class year

Street address ☐ Check if new address

City State Zip

Present specialty and place of training

Professional news (attach additional page if needed)

Personal news (photos welcome)

Please send to: *Christine Hurley Deriso; FI-1040; Medical College of Georgia; Augusta, GA 30912; fax to (706) 721-6723 or e-mail to cderiso@mail.mcg.edu.*

OT Students Dive Into Healing Springs

Christine Hurley Deriso

Rural west-central Georgia may seem an unlikely presidential retreat, but U.S. President Franklin Delano Roosevelt loved the area so much that he built a home there.

Was it the rolling evergreen hills that lured him? The leisurely and hospitable lifestyle? The balmy climate?

As enticing as these factors undoubtedly were, President Roosevelt called the site home because of the warm mineral springs that soothed his paralyzed legs and nurtured his soul.

The springs of Warm Springs, Ga., maintain a constant 88-degree temperature and flow at approximately 914 gallons per minute. President Roosevelt first visited Warm Springs in 1924 to seek treatment for his polio-related paralysis. He loved the area so much that he built a home there, dubbed the Little White House, and visited frequently during his four-term presidency. He died there April 12, 1945.

But the springs' healing qualities live on, and Medical College of Georgia occupational therapy students recently trained at the site to perpetuate its life-affirming legacy.

Students from both the Augusta and Columbus campuses attended a workshop July 8-12 at the Roosevelt Warm Springs Institute of Rehabilitation to learn techniques in aquatic therapy. Faculty members Robert McAlister and Janet Jedlicka also attended.

"The program identifies current innovations and programs for older adults, particularly those with neurologic and orthopedic deficits such as stroke, spinal cord injury and arthritis," said Letha Mosley, assistant professor of occupational therapy. "Another component of the program is wellness and prevention for healthy older adults who want to maximize their functioning and prevent future problems."

Water—particularly mineral-rich spring water—is an ideal setting for wellness and rehabilitative therapy, said Ms. Mosley, who arranged for MCG students to complete fieldwork at the site. "Water minimizes the effects of gravity, allowing greater movement," she said. "It increases confidence and strength so that the skills people learn in the water will eventually translate to the land."

The MCG faculty and students attended lectures during the workshop, then practiced their new skills in the Roosevelt Warm Springs Institute of Rehabilitation pool, which is fed by the springs.

Aquatic therapy techniques—such as a patient kicking under water while a therapist holds him from behind around the waist—target areas such as strength, range of motion, flexibility and balance.

"The techniques are broken up into steps, then we go through them really slowly," said occupational therapy student Sue Keneda. The students practiced the techniques on each other. They also practiced logistical maneuvers, such as easing wheelchair-bound people into and out of the water.

But as attentive as the students were to safety and effectiveness, fun was also emphasized. "We're taught to keep it fun, and these patients are really, really ready for fun," said student Sherry

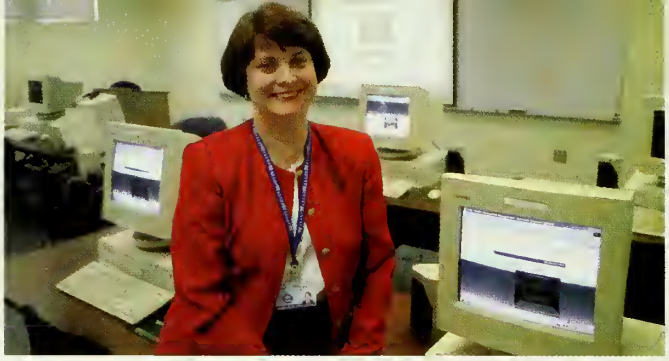
Physical therapist Kathy Smith teaches aquatic therapy techniques

College.

As patients learn new techniques, said instructor Kathy Smith, a physical therapist, their confidence typically soars. "The main thing I've learned is how useful water can be as a treatment modality to get around barriers you face on land," said Mr. McAlister. "Elements of the water such as the buoyancy and viscosity allow them to move in ways they couldn't on land."

He also cited secondary benefits, such as socialization and contact between the therapist and patient. "There's so much direct interaction, and that has a psychological benefit," he said. "Getting out of a traditional rehabilitation setting is something most patients look forward to. We associate being in the water with fun, so this is a great experience for them. It's a shame aquatic therapy isn't more widespread."

He cited the need for more studies demonstrating the efficacy of the treatment so that clinicians and third-party providers will be more amenable to it. "The goal is to make the therapy increasingly available to the people who need it," he said.



Sherry P. Smith

411: HIM is At Your Service

Christine Hurley Deriso

What kinds of injuries do local high school athletes sustain?

What demographic characteristics do MCG cancer study participants share?

These may seem like totally unrelated questions, but they have one thing in common: Health information managers ensure ready access to the answers.

The MCG School of Allied Health Sciences' Department of Health Information Management combines such seemingly disparate skills as computer expertise, number-crunching and health care to distill broad and complicated statistics into understandable and easily manageable information.

It was just this combination that attracted Sherry P. Smith to the field. Ms. Smith, who worked for years at the Savannah River Site in areas including disaster preparedness and database management, decided at the height of her career to change course and pursue the most natural application of her expertise: health information management.

"The field has many areas I'm interested in, including health care, computers, information systems and privacy issues. I like managing information."

She graduated summa cum laude from MCG with a bachelor's degree in health information management in 1996, then earned a master's degree in information resource management and a graduate certificate in health services administration from Central Michigan University. Last year, she passed a credentialing examination administered by the Healthcare Information and Management Systems Society.

"Accomplishing certification is no small task," said Harold Scott, vice president and chief information officer of MCG Health, Inc. and a member of the Department of Health Information Management advisory board. "It requires expertise in the field and demonstrated knowledge. The number of health information management executives who have successfully completed all requirements is very limited."

"I'm very pleased and proud of Sherry's accomplishment," said Dr. Carol Campbell, chairwoman of the Department of Health Information Management and associate dean for business operations in the School of Allied Health Sciences. "It certainly stands as a testament to her skills as a health information professional and a health systems administrator."

The test, leading to the Certified Professional in Healthcare Information and Management Systems credential, was a natural extension of her expertise. Ms. Smith, an assistant professor in the MCG Department of Health Information Management, teaches much of the material covered in the test to MCG students. She also works extensively with students on projects that hone their skills and provide vital services to other health care providers.

For instance, she recently oversaw a student project upgrading a database to track MCG cancer study participants. "Her students started the project, then, on her own time, she created a concept that completely filled our needs," said Tracy B. Stewart, a clinical nurse specialist in the Department of Hematology/Oncology. "We're more efficient now. Reporting [results of clinical cancer studies] is much easier from our standpoint and the program is totally user-friendly. Sherry in essence reached across departmental lines and brought her services to us to fill a need."

Ms. Smith also has overseen student projects including a charge-out system for the Department of Health Information Management library and an admission-discharge-transfer system for the Georgia War Veterans Nursing Home.

She is always receptive to segments of campus requesting her services, anxious to help if she can. For instance, Ms. Smith recently developed a database system for sports medicine, helping the staff track high school sports injuries. "Before, they had no way to track injuries since the athletes weren't necessarily MCG patients," Ms. Smith said. "The health information management faculty analyzed their needs, then I developed a prototype and the final database to track injuries. It shows the types of injuries, a school-by-school report and

other information, including built-in features to minimize entry data errors."

Ms. Smith is grateful she pursued a career that draws on all of her strengths. "I took a risk," she said of her midlife career switch, "and it paid off."

Physician Assistants Fill Unique Niche

Christine Hurley Deriso

When the United States was in the grips of a severe shortage of primary care physicians in the mid-1960s, Dr. Eugene Stead had an unorthodox idea.

He knew there was a fast-track way to teach primary-care skills; the country proved it during World War II, when a shortage of military physicians necessitated something of a crash course.

Dr. Stead reasoned that the military approach could apply to civilian life. If practitioners limited their practice to primary care, they could learn—and implement—their skills more quickly than medical school would allow. In 1965, he formed the first physician assistant department at Duke University. His students were Navy corpsmen whose considerable medical training in the military would otherwise not be transferable to civilian life.

Since then, the physician assistant profession has evolved to become a highly respected complement of the health care field, according to Dr. Bonnie Dadig, chairman of the Medical College of Georgia Physician Assistant Department. MCG offers a baccalaureate program in the field, providing two years of intensive clinical and didactic instruction to students who transfer to the program after completing their first two years of undergraduate education at an accredited liberal arts college or university.

MCG also offers an emergency medicine residency in the field.

Physician assistants are supervised by physicians but often lead highly autonomous careers, Dr. Dadig said. Their careers enable ongoing and lasting relationships with patients and their families, she noted.

"The best thing about the profession is that we have direct patient care," she said. "We take care of the whole patient, emphasizing preventive and psychosocial issues. PAs tend to be very people-oriented. They're just wonderful people to work with."

Shawn Gunder, an emergency medicine PA at MCG and an instructor in the MCG Physician Assistant Department, said the diversity of the career is a big draw. "In emergency medicine, I deal with everything but trauma," he said. "This job lets me do a little bit of everything, working with all different age groups and their families. I also get to teach students and residents, which I really enjoy. Somebody has to do my job one day, and I want to make sure they do it well."

Physician assistants can easily move from one specialty to another, often without additional training. "The field is incredibly flexible," Dr. Dadig said.

It's also very family-friendly, with more manageable schedules than many physician careers allow. "I began PA school after a career in the military, and I already had a family," Mr. Gunder said. "Medical school wasn't what I was looking for at that point, but PA school was perfect."

Shawn Gunder

AHS Notables

Dental hygiene students **Wendy Kriss** and **Carla Hyer** won fourth place in the student competition of the American Dental Hygienists' Association Annual Session for their research project, "A Study of Fluoride Content in Bottled Water." MCG student **Mandy Kurlic** served as the student delegate for District IV, representing Georgia, Florida, North Carolina and South Carolina, at the meeting.

Brandon Pletsch, a senior in the Department of Medical Illustration, received the 2002 Orville Parkes Award for Best Student Illustration from the Association of Medical Illustrators. The association's Salon Award winners included alumni **Andrew Swift**, **Andrew Rekito** (two awards), **Brad Gilleland** and **David Rosenberg**, and students **Mary Kate Carlton** and Mr. Pletsch.

Chanda Bennett, a 2002 graduate of the Department of Medical Technology, has received the 2002 Sigma Student Forum Leadership Award from the American Society for Clinical Laboratory Science. The award honors the leadership qualities Ms. Bennett demonstrated while earning her MCG degree.

Nikeesha Dickson, a senior in the Department of Occupational Therapy, has received a $2,000 scholarship from Vought Aircraft Industries Inc. The scholarship was one of eight given nationwide to academically outstanding college juniors and seniors whose parents or grandparents are active employees of Vought, the world's largest independent supplier of aerostructures.

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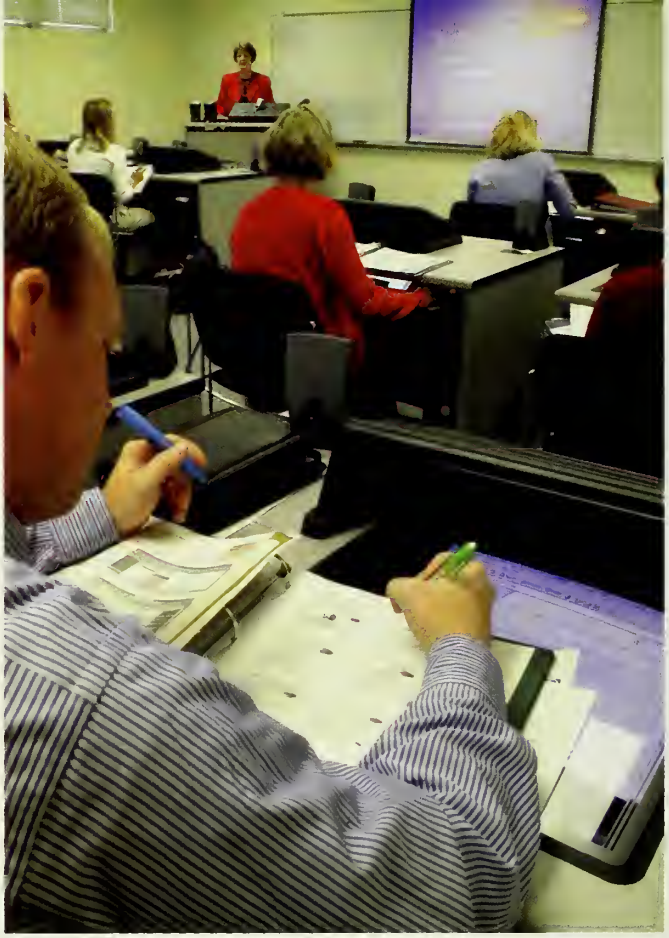

The Department of Health Information Management recently updated its classroom's Pentium computer systems and furniture, optimizing education with the latest hardware and software.

MCG Sports Medicine Center physical therapist **Paula Finley** and senior athletic trainer **Lisa Cummins** received the Greater Augusta Swimming Program's 2002 Outstanding Support Award. The program provides supports social and emotional development through swimming instruction. Ms. Finley and Ms. Cummins monitor the strengths and weaknesses of swimming routines and give pre-screening physicals to swimmers. Ms. Finley graduated from the MCG Department of Physical Therapy in 1991.

Juniors in the Department of Radiologic Sciences won first place in a national poster competition sponsored by the Society of Diagnostic Medical Sonography in October.

Their poster, *Windows of the Future,* illustrates the hypothesis that a new contrasting agent, SonoRx, provides high-quality images of the pancreas by providing a clearer window through the stomach than other contrasting agents provide. The faculty advisors for the project were Rebecca Etheridge, director of the diagnostic medical sonography program, and Catherine Shepard, clinical coordinator of the program.

Department of Respiratory Therapy senior **Carol Hickok** received the 2002 Morton B. Duggan Jr. Memorial Award from the American Respiratory Care Foundation. **Emi Taylor**, also a senior, received the Jimmy A. Young Memorial Award. The awards honor academic achievement, potential as a respiratory therapist and a written paper presented by the applicant. This is the fifth straight year that MCG students have won at least two national awards in the field.

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Dentists Take Skills to Peru

Christine Hurley Deriso

Dental students use tents for shade while treating villagers

Dr. Allen Braselton likens mission work to "a good kind of flu bug that you catch and can't get rid of. The excitement is that if you go once, you'll go back and probably take somebody else with you."

Dr. Braselton, assistant professor in the Medical College of Georgia Department of Oral Diagnosis and Patient Services, is living proof. This veteran of mission work, who has volunteered his dental services to underprivileged people worldwide, was one of 42 people, including 28 MCG dental students, to travel to Peru for a mission trip last spring.

Group members in addition to Dr. Braselton and the dental students included Dr. Michael L. Myers in the School of Dentistry and several other dentists, dental hygienists and other professionals. "We had to pay our own expenses, but families and churches were very generous in supporting the trip," Dr. Braselton said. "The School of Dentistry was very supportive as well, helping the volunteers clear our calendars so we could go."

The group, coordinated by Michelle Wandeler and David Daniel through Medical Campus Outreach, traveled to impoverished Peruvian villages dotting the banks of the Amazon River. The volunteers were based on a riverboat on the Amazon, providing dental care every day for a week.

"It was the most rewarding week of my life," said dental student Margaret Graham. The group had translators "and learned enough Spanish to ask villagers where it hurt," Ms.

Volunteers wave from riverboat on the Amazon River

Graham said.

But countless human connections transcended language barriers. "We saw a lot of folks who had never had any dental care," said Dr. Braselton. "They were just so thankful that people were reaching out, relieving their pain and hopefully making life a little easier."

Although the villagers' diet typically consists of less sugar than that of Americans, their ready access to sugarcane was evident to the volunteers. "I actually treated a 9-year-old who needed permanent teeth extracted," said Ms. Graham.

The volunteers, who worked predominantly under trees and open-air shelters, performed mostly extractions. A portable generator provided the power to fill cavities as well. Anesthesia was available to prevent pain—an all-too-familiar concept to many of the villagers.

"A lot of them don't know what it's like *not* to be in pain," Ms. Graham said, citing countless examples of untreated tooth decay and infection.

"The need is so great, it's kind of like putting a bandage on cancer," Dr. Braselton said.

"It was definitely a humbling experience," said dental student Reid Roberts. "Going into the lives of underprivileged people made me see how much I take for granted. It was very rewarding to minister to their physical and spiritual needs."

Dr. Braselton told the students at the beginning of the trip that "this is the most fun they would ever have in dentistry. When it's all said and done, you almost feel guilty for having so much fun. As physically draining as it is, you leave feeling refreshed."

Software Reinforces Communication Skills

Christine Hurley Deriso

The Medical College of Georgia has obtained software to help dental students forge dentist-patient relationships marked by open communication, mutual respect and, ultimately, smiles all around.

CAESY Education Systems Inc. offers interactive patient education programs for use in the dental practice, as well as online communication tools and content, helping dentists promote the importance of dental health. The company, based in Vancouver, Wash., recently donated software to MCG to help dental students not only refine their skills, but communicate the importance of those skills to future patients.

"We provide the products and services that dentists need to increase patients' dental IQ, reduce stress, improve communication, streamline practice operations and boost case acceptance," explains CAESY founder Bob Rondeau, a dentist and entrepreneur, on his company's Web site (www.caesy.com).

The software uses graphics and other eye-catching visual elements to help patients understand the importance of good oral hygiene and the procedures their dentist recommends. "Most people are visual learners," writes Dr. Rondeau. "Yet dentists typically treated their patients as if they were auditory learners, verbally explaining complicated procedures and options."

He believes educated patients "are satisfied patients who make better dental care decisions."

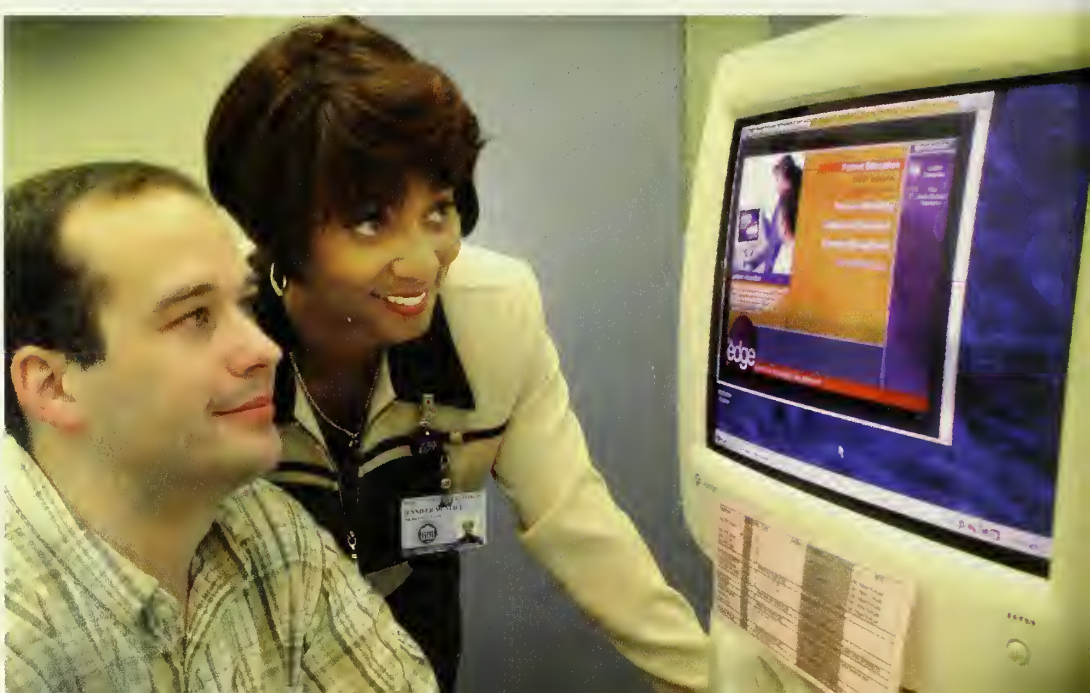
MCG is installing the software on its students' computers, hoping the information will reinforce not only the skills and concepts they learn in dental school, but the importance of good communication and well-informed patients.

"Clear communication with our patients is the cornerstone of partnerships with our patients," said Dr. Robert W. Comer, associate dean for patient services in the MCG School of Dentistry. "Our goal is to assure that each patient is well-informed of the service recommended, the value of potential options for care and the preventive options available for long-term success. CAESY provides us with an outstanding animated visual library to improve patients' understanding. Usually within 30 seconds, patients understand the technique, the reason for care and the expected outcome."

Dr. Edna Pashley, associate professor of oral diagnosis/patient services and pediatric dentistry at MCG, reviews each case presentation with students and patients. Both groups benefit tremendously from the software, she said.

Jennifer McNeill, director of patient services at the MCG School of Dentistry, concurs. "Patients consistently ask 'how' or 'why' regarding various dental procedures," she said. "CAESY offers explanations in layman's terms. The system also helps orient and train ancillary staff on dental procedures."

Jennifer McNeill shows software to dental student Billy Barton



Orthodontics Chairman is All Smiles

Christine Hurley Deriso

When patients come to Dr. Eladio DeLeon Jr. seeking a more attractive smile, he knows from years of experience that their greatest transformation will come from within. He has seen countless people transform from self-conscious to self-confident as a result of new smiles.

Dr. DeLeon, who has devoted his career to the lifelong aesthetic and functional benefits of a beautiful smile, was recently named chairman of the Medical College of Georgia Department of Orthodontics.

"The secret in staying young revolves around a great smile that allows an individual to project a youthful and self-confident demeanor," said Dr. DeLeon, who laughs that his search for the fountain of youth has been much more productive than that of the famous guy who shares his surname.

Dr. DeLeon, a Puerto Rico native whose family traveled extensively because of his father's military career, was inspired by his parents to excel academically. "Education was paramount," he said. "My parents envisioned a much better life for their four children and felt it could only be achieved by a strong college education."

The message apparently took; all four pursued health careers. One of Dr. DeLeon's brothers is a prosthodontist. Another is an anesthesiologist, and his sister is a medical social worker.

Dr. Eladio DeLeon Jr.

Dr. DeLeon earned his dental degree from the University of Kentucky and completed orthodontics training at the University of Missouri, Kansas City. He spent the first 22 years of his career in the U.S. Army, perpetuating the nomadic lifestyle he grew accustomed to in childhood. As he and his wife, Dottie, raised children Cara, Derek and Chris, they scoured the country and the globe at the Army's behest.

When his family moved to Fort Gordon, Ga., in 1989, Dr. DeLeon cultivated a friendship with then Dean David Myers. "Dean Myers was always very encouraging and was the first to suggest academics as a possibility after my military career," Dr. DeLeon said.

After a three-year assignment in Bavaria, Dr. DeLeon returned to Fort Gordon to retire from the military. The DeLeon family was ready to call Augusta home. In 1998, he joined the MCG faculty. "I was involved in teaching in the military and I enjoyed the challenge," he said. "I wanted to give back to the profession, and with a critical shortage of orthodontic faculty throughout the country, I felt I could make a contribution to the profession by joining MCG's academic ranks. It's an honor to be a part of the residents' education. It's fun to be around their fresh, young and enthusiastic attitudes."

He was named interim chairman of the department in 2000, then permanent chairman this summer.

Dr. DeLeon's staff includes two full-time and seven part-time faculty members, all of whom provide extensive one-on-one training for the program's eight residents. "The part-time faculty has been the backbone of this program during the recent years of diminishing and changing full-time faculty," Dr. DeLeon said. "Without this team of faculty and staff, it could not be done and I am very thankful to have such a dedicated team."

The orthodontic program lasts 30 months and prepares graduates for the American Board of Orthodontics examination, which leads to certification. Residents can concurrently earn a master of science degree, if they wish.

The faculty forms close bonds with the residents—a consistently outstanding group, Dr. DeLeon said. "We've been blessed with one of the most sought-after residencies in the country," he said. "We generally have over 100 applications for two to three spots per year. All the applicants are knowledgeable; that's a given. Most are in the top 5 percent of their class [in dental school]. We look for well-balanced individuals who have a passion for the profession, display a compassionate and caring attitude and who have excellent communication skills."

His goals as chairman of the department include bolstering research, improving the orthodontic curriculum and providing service to the community. In addition to recruiting new faculty, he hopes to renovate the clinic facility to improve efficiency and equip residents with state-of-the-art technology. The department already has extensively upgraded its technological capabilities, computerizing many aspects of its educational and clinical initiatives.

Dr. DeLeon still loves practicing his profession. His work includes orthodontia for children, adults and craniofacial patients. "The aesthetic and functional issues associated

with a healthy smile are critically important," he said.

He relishes the challenge of passing along the skills to future generations. "I'm proud to be at MCG and proud of our program," he said. "We're turning out great orthodontists for the state of Georgia. Working with these young people and knowing what a fantastic future they have is wonderful."

Teens Sink Teeth into Dentistry

Christine Hurley Deriso

On a sunny summer morning, two-dozen fresh-faced teens scrutinize the teeth in their hands with expressions ranging from curiosity to bemusement.

Dental Institute participants Christie Washington (from right), Erin Stinson and Rena Patel observe dental senior Brandi Owensby

Their assignment: to clean calculus from the teeth with a dental instrument called a sickle scaler. The teeth–actual extracted human teeth–seem much less imposing in the palm of a hand than in the mouth of a patient, but these students take their assignment seriously, scaling the teeth with precision and intense concentration.

The very fact that the students are in this classroom attests to their no-nonsense demeanors. They were chosen from high school juniors and seniors statewide, based on academic scholarship and their representation of medically underserved ethnicities or geographic areas, to participate in the Second Biennial Georgia AHEC Statewide Dental Institute.

The institute, coordinated by Georgia's Area Health Education Centers, immerses the students in dentistry and dental hygiene for a week in hopes of attracting them to the field and bolstering dental services in underserved areas of the state.

"We're targeting areas that don't have adequate dental or dental hygiene services," says Stephanie Perry, statewide AHEC dental coordinator and recruiter for the MCG School of Dentistry. "We're telling these students, 'If you're interested in a dental career, this is the path to take.'"

The institute includes instruction from MCG faculty, hands-on dental work (such as the scaling assignment), observation of professionals at work and lectures about the field. The students stay at a hotel close to campus, chaperoned by MCG students. Meals and entertainment, such as movies and Augusta GreenJackets games, are also provided, all at the institute's expense.

The institute is friendly and informal, but the coursework is rigorous. Overviews of fields such as anatomy, microbiology, biochemistry, pathology, prosthodontics and orthodontics provide a glimpse of the academic challenges that lie ahead.

"If you're interested in dentistry, you want to start early," Dr. Tina Moses, a periodontics instructor, tells the students. "That means doing well in school, especially in math and sciences. But it's not all about grades. We want students who are well-rounded and will interact well with patients."

She counsels the students to seek opportunities for dental shadowing, volunteerism and leadership during their high school and undergraduate years.

The students heed her advice, but for now, they're more intent on the task at hand: freeing their disembodied teeth of calculus.

Marie Collins, chairman of the MCG Department of Dental Hygiene, surveys their work and offers tips in her typical genial, soft-spoken manner. "If you turn this instrument straight toward the tooth, you can cause serious trauma to the enamel," she cautions. A few minutes later, she says, "Think about the patient's comfort. You've been working for a long time. Do you think the patient needs a break?"

She also points out to the students how painstaking dental work can be. "Dentistry and dental hygiene can be very tedious," she says. "You're working on one tooth at a time. It takes a long time to do quality work. People complain about how expensive dental work is, but look at how much work is involved and ask yourself, 'Is it worth it to keep you teeth for a lifetime?'"

The students have years of education to surmount before they work with real patients, but even at their age, they seem to grasp the significance of their work. As one student scrapes away the calculus on a tooth, she observes somberly to her classmate, "This patient has a lot of buildup. He hasn't been brushing. If the scaling doesn't work, we'll have to move into periodontal surgery."

A full-fledged dentist couldn't have said it better.

New England Dentist Finds Second Home at MCG

Christine Hurley Deriso

Every Medical College of Georgia employee is familiar with the traffic, trains and tailgaters that are part and parcel of the daily commute. Dr. Jane F. Martone faces these annoyances as well ... but her commute also includes catching a plane in Connecticut, hopping aboard a connector flight in Atlanta, then navigating her way from Augusta's Bush Field airport to the MCG campus.

And the astonishing part? She doesn't mind a bit.

In fact, she pays her own expenses and doesn't earn a dime for her service at MCG.

"Dentistry has been very good to me through the

Dr. Jane F. Martone

years, and I felt it was time to give something back," said Dr. Martone, who practices general and implant dentistry in Westfield, Mass., and spends about a week of every month volunteering her services at MCG.

"This is such a unique story about volunteerism," said Dr. Michael Pruett, assistant professor of oral rehabilitation, director of MCG's general practice residency program and vice chairman for hospital dentistry.

Dr. Martone got to know Dr. Pruett when she visited campus to take continuing-education courses. Her warm rapport and considerable dental expertise prompted him to say, "Jane, I can't believe you're not teaching in New England. If you can find some way to get here, we'd love to have you."

Dr. Martone's 31-year-old private practice affords her considerable flexibility, so she decided to take Dr. Pruett up on the offer. Last year, she began flying to Augusta for several days a month to mentor general practice residents.

She's become a seasoned traveler, laughing that she wears loafers so she won't have to untie laces during airport security checks. Once in town, she stays at an inexpensive motel, buys her morning coffee at Dunkin' Donuts, then heads to the dental school to observe, instruct and advise the residents.

"She pays all her own expenses. She even slips in a meal every once in a while, bringing us all something to eat," Dr. Pruett said.

Her insights into the profession are invaluable, he said, noting that the program's three current residents—all of whom happen to be women—consider her an exemplary role model.

Dr. Martone shrugs off the praise, insisting that she is the true beneficiary of the arrangement. "I've gotten a lot of personal satisfaction out of it," she said. "I probably wouldn't be good at standing up in front of a group giving a lecture, but I love one-on-one teaching. I also learn a lot when I come. I see the latest techniques and bring them back with me to my practice."

Although her New England roots are firmly imbedded, she has grown to love Augusta as a second home. "It's so wonderful to come here in February and see pansies when I get off the plane," she said. "This is my monthly R&R, my treat to myself. Everybody is so great to me. It really does feel like home."

Last year, the residents presented her with a plaque to express their appreciation for her efforts. "I have it hanging in my office," Dr. Martone said. "It means so much to me."

Holiday Blues?

After losing someone you love, the holiday season can bring a new sadness or feeling of emptiness. The first years are perhaps the most difficult, but even years later, the holidays may lack the joy they once had.

There are steps you can take to help give the holidays new meaning. The holidays can become a time of peace and reflection, a time to cherish the gift your loved one has been – and continues to be – in the life of your family.

For free information that contains tips on how to deal with grief during the holidays call United Hospice.

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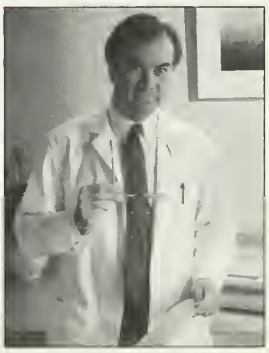

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School of Graduate Studies

Scaffolding Offers Insight Into Cardio-vascular Functioning

Toni Baker

Drs. Richard C. Venema (left), John D. Catravas

Medical College of Georgia researchers have identified a sort of biochemical scaffold for a compound that enables blood pressure to be low, heart bypass grafts to remain open and nerves to communicate.

Researchers say identifying the framework for how these and other very positive health benefits occur should help them find ways to augment the benefits and identify new treatments for cardiovascular disease, which may result when the support structure falls apart.

"It's a whole new ball game," Dr. John D. Catravas, director of the Vascular Biology Center, said of the findings which contradict previous understanding of how the compound, cyclic GMP, which also helps keep blood vessels open and enables penile erection, is ultimately produced.

Dr. Catravas and Dr. Richard C. Venema, biochemist and molecular biologist, recently received funding from the American Heart Association and the National Institutes of Health to study how the scaffold they have found is assembled.

They found the scaffold while studying the endothelial and smooth muscle cells—the two major cell types within blood vessels—in the vessels of healthy animals. They found, not surprisingly, nitric oxide synthase which makes nitric oxide, the short-lived gas that, in turn, activates the enzyme guanylate cyclase or sGC, an enzyme key to the production of cyclic GMP; in fact, heart drugs such as nitroglycerin work by stimulating sGC to produce cyclic GMP.

They also found the heat shock protein 90, or hsp 90—one of the ubiquitous heat shock proteins—which makes nitric oxide synthase more efficient in producing nitric oxide.

What they didn't expect was to find that the three substances combined to form an efficient biochemical structure that makes sGC readily available to support the positive benefits of cyclic GMP.

Prior to the findings by MCG researchers, it was believed that only hsp 90 and nitric oxide synthase were packaged together, that the resulting nitric oxide would essentially float away in search of sGC. But in fact, that may be the disassembled structure that can precipitate or augment cardiovascular disease, Dr. Catravas said.

"We think this hsp 90 is like a scaffold that allows sGC and nitric oxide synthase to attach," Dr. Catravas said. ."You have one nitric oxide synthase sitting on the hsp 90 and you have an sGC molecule, which allows for a very, very close environment for the nitric oxide to move to the sGC. This is very important because nitric oxide has a very short life and there are other compounds inside cells that, as soon as the nitric oxide is produced, grab it and either inactivate it or turn it into a toxic compound."

And there's the rub. When sufficient nitric oxide isn't available to activate sGC, the unhealthy result can be production of one of the most potent self-made toxins in the body and resulting hypertension, heart and kidney disease and erectile dysfunction. "We propose that when the enzyme sGC is not part of the structure, this contributes to cardiovascular disease," Dr. Catravas said.

They first confirmed the structure by using a process called immunoprecipitation, in which antibodies were used to try to pull each of the three proteins out of the scaffold.

"When we pulled down heat shock protein 90, for example, it also pulled down sGC and nitric oxide synthase because they are all attached," Dr. Venema said.

The researchers used a process called co-localization to also study the relationship in a living cell, adding fluorescent antibodies to the two proteins: the antibody for hsp 90 was labeled green and an antibody for sGC was labeled red. The resulting yellow glow showed that the two proteins were together in the living endothelial and smooth muscle cell.

When they used drugs to interfere with the scaffolding, the activity of the sGC enzyme decreased. "That is when we started thinking we had something important," Dr. Catravas said.

Now they are looking to see exactly where hsp 90 and sGC bind and why sometimes they don't.

"This is the hypothesis: when these two proteins move apart, that is when you worsen or precipitate cardiovascular disease. We still have to prove this," Dr. Catravas said. "If this is true, it could very well change how we treat those diseases."

Positions to Enhance Research Administration

Toni Baker

Two research administration positions have been established at the Medical College of Georgia to enhance the development of biotechnology business and the university's administrative infrastructure.

Dr. Michael G. Gabridge

Dr. Michael G. Gabridge, director of the Office of Biotechnology Transfer, has been promoted to associate vice president for technology transfer and economic development.

Betty Aldridge, director of the Office of Grants and Contracts, has been promoted to associate vice president for research and sponsored program administration.

"[Dr. Gabridge] will continue to handle technology patents and licenses and also will become director of the Life Sciences Business Development Center, the on-campus business incubator scheduled to open late next year," said Dr. Matthew J. Kluger, vice president for research and dean of the School of Graduate Studies. Dr. Gabridge also will continue to oversee interactions with entrepreneurs and corporations while working on economic development initiatives.

"Ms. Aldridge will continue to oversee grant and contract administration and will be responsible for research administration activities in the absence of the vice president for research," Dr. Kluger said. She also will represent MCG to national research administration organizations and revise MCG's policies and procedures to enhance the administrative infrastructure while ensuring compliance with federal and state requirements.

Dr. Gabridge came to MCG in 2001 from Colorado where he was president and chief executive officer of Michael G. Gabridge Intellectual Property Consulting, which he has since expanded to Georgia. Ms. Aldridge came to MCG in 1998 as executive director of the MCG Research Institute, Inc. and director of grants and contracts. She served as director of research administration for Wayne State University School of Medicine in Detroit from 1985 until she came to MCG.

Sketches Capture Essence of Health Care in Honduras

Christine Hurley Deriso

The list of supplies in a surgical suite is familiar to anyone who watches the television show, ER: scalpel ...sutures...sketch pad....

OK, so maybe the ER docs don't use sketch pads, but a Medical College of Georgia medical illustrator found them invaluable during a two-week mission trip to Honduras.

Andrew Swift, assistant professor of medical illustration and a 1999 graduate of MCG's program, tagged along with MCG medical students in July to volunteer his services at a public hospital in the impoverished South American country. The trip was coordinated by Students for Intercultural Medicine through Dr. Carlos M. Isales, professor of medicine, cellular biology and anatomy.

"I spent two years in Ecuador with the Peace Corps, and I thought I could be helpful as a translator," said Mr. Swift. "I speak Spanish pretty well, but if you don't use a language for a while, it's maddening because you can feel it slipping away."

As helpful as his Spanish was, Mr. Swift soon found that many other talents would come in handy as well. Assigned to the hospital's obstetrics/gynecology unit, Mr. Swift did whatever he could to be useful. His extra set of hands invariably proved useful. "The hospital is so busy, and the interns work incredibly long hours," he said. "Women give birth in one large room, and the number of babies born on any given shift is into the teens."

Likewise, the emergency room was constantly bustling. Many of the problems were familiar to the MCG group; others, like machete wounds, prompted second glances.

When Mr. Swift wasn't passing instruments or running errands, he was capturing the experience on paper. He took voluminous notes and hastily sketched what he saw. "I saw a breech birth and a newborn with a club foot," he said. "I saw an inverted nipple, which can indicate breast cancer or other pathology."

Unfortunately, when he pointed out the problem to

hospital physicians, they seemed unconcerned. Their job was to deliver the woman's baby, and they planned to do it as expeditiously as possible. No time for unrelated matters. "If there are lapses in the hospital, in my opinion, it's because they're understaffed," Mr. Swift said. "They've got a lot to do. But the hospital was surprisingly modern and very clean, and I was incredibly impressed with the Honduran interns' level of knowledge. The hospital is continuing to improve."

Mr. Swift found all the medical procedures fascinating, but he was particularly awed during surgeries. "There's a big difference between seeing the inside of a body in pictures and being right there to see it for myself," he said. "The colors inside the body are just amazing. That kind of direct visualization is something you'd never get through photographs."

He plans to share his many sketches and experiences with his students. "I saw a lot of things that I can incorporate in my own work or apply to students' projects."

Andrew Swift

Dr. Sohal Named to NIH Study Section

Toni Baker

Dr. Paul Sohal, developmental biologist and professor in the Medical College of Georgia Department of Cellular Biology and Anatomy, has been selected to serve on the Molecular, Cellular and Developmental Neurosciences 6 Study Section of the National Institutes of Health Center for Scientific Review.

Dr. Sohal will serve through June 2005 on the group that reviews grant applications to the NIH, makes funding recommendations to the appropriate NIH council or board and surveys research in their field of science.

He has been a member of several NIH study sections including serving as an ad hoc member of the Molecular, Cellular and Developmental Neuroscience-6 Study Section and as a member of the Molecular, Cellular and Developmental Neurobiology Study Section.

Dr. Sohal, a graduate of Louisiana State University Medical Center in New Orleans, has been a faculty member at MCG since 1975. His research, funded by the NIH, focuses on a multipotential cell type he has identified called ventrally emigrating neural tube cells, or VENT cells. These cells appear to be involved in making every body tissue type. He is exploring the role of these cells in development of the skull, face, inner ear and gastrointestinal track.

Dr. Mahesh Receives Medal of Honor

Toni Baker

Dr. Virendra B. Mahesh, Regents professor and Chairman Emeritus of the Medical College of Georgia Department of Physiology and Endocrinology, has received the American Medal of Honor from the American Biographical Institute.

Dr. Mahesh was honored for his perseverance and dedication to a better society through his contributions at the local, state and international levels.

Also, the Virendra B. Mahesh Award Fund has been established in his honor by the American Physiological Society to promote career development of endocrinology investigators. The society's Endocrinology and Metabolism Section will initiate the Virendra B. Mahesh Program at the Experimental Biology 2004 meeting.

Student Volunteers Reach Out to Community

Christine Hurley Deriso

Several people throughout the community would like to say thanks to Medical College of Georgia students.

There's the fourth-grader who got an extra shot of enthusiasm for her classwork when an MCG student helped her study after school.

There's the down-on-his-luck man who enjoyed a hot meal and warm companionship when MCG students served him dinner on a cold winter evening.

There's the mom whose life was saved by a blood donation.

MCG's Student Government Association Committee for Community Service was formed last fall to help these people, and many more like them, throughout the community.

When Steven Harrison began medical school at MCG in 2000, he was anxious to serve the community but didn't quite know how to go about it. He figured many of his classmates had the same dilemma and set out to solve the problem. Mr. Harrison, a member of the Student Government Association, compiled the contact information, meeting dates and volunteerism opportunities of several local community service organizations.

The list was disseminated to MCG students, who were invited to participate. The Committee for Community

Steven Harrison

Service was formed to organize the efforts. "We felt if someone stood up and took the grunt work out of organizing student volunteerism, more students would do community service," said Mr. Harrison. He chairs the committee but has lots of help from his classmates.

"Many students played a big role in getting this project off the ground," he said. "I couldn't have done it without him."

Once news of the initiative started circulating, Mr. Harrison found a wellspring of enthusiasm. Dozens of MCG students have participated, teaching homework and computer skills through the Boys and Girls Clubs of Augusta, preparing and serving meals for the Salvation Army soup kitchen, working with teen members of the American Red Cross Youth Group, hammering nails for Habitat for Humanity, organizing parties for residents of Gracewood State School and Hospital... the list goes on.

"Every time we work with a group, we hear, 'We've been waiting for something like this to happen for years,'" Mr. Harrison said. "And the students feel like it's been a blessing. I can't think of anyone who's had a negative thing to say. People go into health care because they want to help people, and this is a way we can do that right now."

Mr. Harrison has enjoyed not only the volunteerism, but the chance to get to know his fellow students better, particularly those in other MCG schools. "I honestly didn't really know what an occupational therapist does until I got to know occupational therapy students [through the volunteerism]," he said.

He stresses that no special skills are required...just a heart for giving. "You show up, somebody shows you what needs to be done and you jump on board," he said.

The rewards, he said, are as plentiful for the volunteers as those they serve. "The satisfaction of starting a project and getting people where they're needed has been tremendously rewarding," he said.

MCG students volunteer for Habitat for Humanity

Medical Student is a Disk Jock

Ellen Gladden

Evelyn Bickley returned to school this fall with a world-championship smile.

Aug. 4-10, Evelyn's Atlanta-based Ultimate Frisbee team, Ozone, competed with the finest players from across the globe in the World Flying Disk Federation's 2002 World Ultimate Club Championships in Oahu, Hawaii—the Frisbee thrower's equivalent of the World Cup.

"Ultimate is like soccer and football combined, but it's better," said Evelyn, a second-year medical student at MCG. "It has all of the athleticism required of soccer and basketball and conventional sports, but it also has a great support group where people want to teach you how to play."

Seven players per team, clad in soccer-like jerseys and cleats, charge toward the other team's end zone. The object is to keep the disk off the ground and keep it moving from person to person. Holding for more than 10 seconds, also known as a stall count, results in a turnover of the disk to the other team. "Flicks," "scoobers," and "hammers" are all types of throws used to outwit opponents. The first team to score 15 points wins.

The sport began in 1968 when some New Jersey high school students invented "Frisbee football." By the late '70s, player associations began to form in the United States; within a few years, the sport became international. Evelyn says there is a feeling of community at tournaments. The supportive environment, she says, is helping the sport grow by leaps and bounds.

"You can't expect to show up on a soccer field with a ball and shin guards, not knowing how to play at all and have people teach you. Most sports just aren't that accepting on the competitive level. Because it's such a new sport, [Ultimate players] want you to become better at it, because we love it and want it to grow. So it really is its own community of support and it feels great," Evelyn said.

She began playing as a freshman at the University of Georgia. She played for all four years at UGA, with her team winning the collegiate national title in 2001.

"I came out of high school and all of the sudden I didn't have any after-school activities," she recalled. "I loved sports and that's how I had always made really good friends—having fun and exercising with them. Then my brother (Chip Ogburn, now a third-year medical student at MCG) came back from Stanford and told me about this great sport, Ultimate. He got his wife to play on the college team, and she got me to play. Then I got my sister to play, so it was a huge family event."

The youngest of three children, Evelyn says health care and Frisbee seem to run in the family. "My sister, Jessica, is a nurse in Macon. My brother is in med school here, and my dad is [an internal medicine] doctor in Macon," she said.

She's received tremendous family support for her hobby, which has led her to tournaments from Boston to Seattle and back. At the Hawaii tournament, she and the Ozone team played 12 intense two-hour games to earn a spot in the finals before defeat by the team, Riot, from Seattle.

"We played so many teams...from Japan to Finland. Then the finals were really cool because they were in a huge stadium. It was a great opportunity," said Evelyn.

Evelyn Bickley

Dr. Kanto Named Vice Dean

Toni Baker

Dr. William P. Kanto Jr., chairman of the Medical College of Georgia Department of Pediatrics, has been named to the new position of vice dean for special projects in the MCG School of Medicine.

Dr. William P. Kanto Jr.

Dr. Kanto works closely with School of Medicine Dean David M. Stern in interacting with other schools, institutions and government agencies and in developing initiatives that cross departmental and institutional boundaries. Dr. Kanto, a pediatrician and neonatologist, also advises Dr. Stern on children's health issues.

"Building relationships that transcend a single department or school or university is critical to the growth and future success of the Medical College of Georgia," Dr. Stern said. "Dr. Kanto has a track record in pediatrics of building these types of bridges across our community and state that makes him an excellent choice as the new vice dean."

Dr. Kanto, an Ellington Charles Hawes Professor of pediatrics, is medical director of the MCG Children's Medical Center and associate chief of staff for children's issues for MCG Hospital and Clinics. He joined the MCG faculty in

1974, went to Emory University School of Medicine in 1977 and returned to MCG in1983 as chief of the Section of Neonatology; he was named chairman in 1994.

Department Chairmen Appointed

Toni Baker

The Medical College of Georgia School of Medicine has named chairmen for its Departments of Medicine and Anesthesiology/Perioperative Medicine.

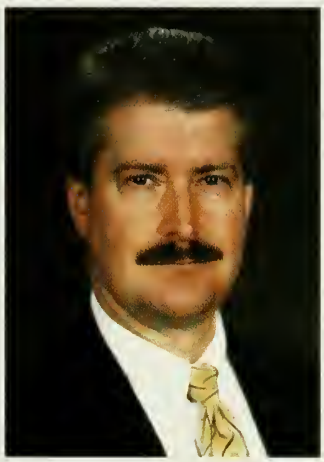
Dr. Steve J. Schwab, vice chairman of the Duke University Medical Center Department of Medicine, co-chief of Duke's Division of Nephrology and director of its Dialysis Units, will chair the Department of Medicine beginning Jan. 15.

"Dr. Schwab is a dynamic and extremely capable clinical investigator, nephrologist and administrator," said Dr. David M. Stern, dean of the MCG School of Medicine. "His recruitment puts in place a key building block in the clinical leadership of the School of Medicine. I am confident that Dr. Schwab will move us to the next level by focusing on strategic growth in many areas, especially cardiovascular disease, oncology and gastroenterology services."

Dr. Schwab, a graduate of the University of Missouri School of Medicine, completed an internal medicine residency at the University of Kansas Hospitals and Clinics and a nephrology fellowship at Barnes Hospital of Washington University School of Medicine in St. Louis, Mo.

He joined the Duke faculty in 1985 and was named vice chairman in 1997. He is the principal investigator of three National Institutes of Health grants examining areas such as hemodialysis outcomes and the effect of renal insufficiency on cardiovascular outcomes.

Dr. Steve J. Schwab



Dr. C. Alvin Head

Dr. C. Alvin Head, a 1993 graduate of Emory University School of Medicine, has joined MCG as chairman of the Department of Anesthesiology and Perioperative Medicine. He came to MCG from Harvard Medical School, where he was assistant professor on the scientist track and medical director of Respiratory Care Services for Massachusetts General Hospital's Department of Anesthesia and Critical Care.

He specializes in the care of patients with cardiac and pulmonary disease. His research focus is nitric oxide and sickle cell disease.

"Dr. Head's clinical and administrative experience along with his research interests make him a logical fit at MCG not only as an administrator directing a large clinical department, but as a physician-scientist who takes discoveries from the laboratory to the patient," said Dr. Stern.

After graduating from Emory, Dr. Head completed an anesthesiology residency, including a year as chief resident on the cardiothoracic anesthesia subspecialty track, at Emory. He then completed a one-year research and clinical fellowship in thoracic anesthesia at Massachusetts General Hospital before joining the Harvard faculty.

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School of Nursing

Transplant Tranforms Nurse's Life

Toni Baker

She is striking to the eye: tall, athletic, blue-eyed with dramatically cropped hair. She is striking to the heart: funny, smart, relaxed yet driven, comfortable with herself and others. Casandra Nichols also is a nurse, a remarkable member of the Medical College of Georgia School of Nursing Class of 2002.

Her education began long before her degree work. In high school, she volunteered as a firefighter and helped care for a grandmother who was dying of cancer. Her dream at the time? "I wanted to swim with the dolphins," Casandra said. "Then there was that D in biology…"

Nevertheless, she held onto the dream long enough to study marine biology at the University of Georgia. But when she started to do the math of how long it would take her to reach the dolphins, "I figured out, 'Hey, you are not going to be able to swim with the dolphins until you have your Ph.D. and are like 50.'" So she dove head-first into nursing school, supplementing her classwork with volunteer work at Camp Rainbow, a summer camp for Children's Medical Center patients with cancer and other blood diseases.

To put it mildly, she was inspired. "The impact those kids have on you…I was like 100 percent, I'm doing pediatric oncology."

The problem was that Casandra constantly felt tired amid her schedule of school, volunteer work, working part time and working out. "When I came back from Camp Rainbow, it really hit." Shortly after beginning her senior year at MCG, she saw a doctor.

"My platelets were near 2 million, about a million and a half too many. I didn't *look* sick," she said, sounding more like a nurse than a patient at this juncture. "I was exercising, hadn't really gained or lost weight. My spleen wasn't enlarged. My

Casandra Nichols

white count was really not that elevated. It was just my platelets."

Actually it was leukemia.

"Honestly, I cried for like a minute then I said, 'It's going to be OK. If those kids can do it, I can.' What probably bothered me more was finding out that I would be sterile [because of radiation treatment]. I probably cried for two minutes but then I thought, 'That will be OK. I will adopt.' There are options to everything."

She figured she would take off two weeks from school, get treatment and catch up. Dr. Andre M. Kallab, an MCG hematologist-oncologist, had to set her straight. "He kind of smiled like, 'You are crazy,' and shook his head and said, 'No. You are going to need a bone marrow transplant.'"

The search for a family donor was fruitless, so she turned to the National Bone Marrow Donor list as thousands do. When Dr. Kallab first told her about the list, Casandra said she wanted to be a donor if she could. Her doctor knew it was more likely she would be on the receiving end.

Californians Chris and Jill Hussey learned about the donor list years before when they were told about a child who needed a bone marrow transplant. Chris didn't match for that child but never forgot that he'd agreed to donate if a call did come.

The procedure to remove his marrow is a vague memory —"I just remember that Tylenol with codeine works" —and in 60 days the avid athlete was back to "kicking butt" on his bicycle. Meanwhile, Casandra was at the Fred Hutchinson Cancer Research Center in Seattle for her bone marrow transplant, but her thoughts were with a man whose name she did not yet know.

"It's called your second birthday," she said of Sept. 4, 1999, the day of her transplant. At the one-year anniversary of that date, donors and recipients can meet if both want that. The day she could, Casandra faxed her contact information to be forwarded to her donor, then called back more than once to make sure the message was received.

"Three weeks later, I came home and there was a message on my machine: 'Hey, Casandra. This is Chris....' "And I am thinking, 'Who is this?' Then he said, 'Oh, by the way, I'm your bone marrow donor.'

When Casandra returned his call, "I got a hold of his wife and I was bawling. I was trying to say thank you but I couldn't. She started crying. They saved my life."

Donor and recipient met Dec. 28, 2001; Casandra planned to go California, then found out Chris's parents, Nancy and Ted Hussey, live in Augusta. These days, they often talk and visit when they can. "Every time we get off the phone or end an e-mail it's like, 'Thanks for my bone marrow.'" Yet she knows she doesn't have to thank him and hopes that no one would have to thank her, either. "If I were given that opportunity, that would be enough for me." Besides, she said, even now it's hard to find the words to tell Chris Hussey how she really feels.

Casandra recovered, repeated her junior year in 2000 and finally, May 3, got to graduate. She still keeps her hair closely cropped in honor of Rachael Black, a child she met at Camp Rainbow in July 2000 just before she returned to school. Rachael also got a transplant but died June 28, 2001.

Casandra sometimes feels the ghost of her disease, in the premature menopause she's experiencing, in a slight memory loss that can come with full-body radiation and with some ongoing fatigue.

But mainly what she feels is excitement and, perhaps, a little less patience. "I used to want to like everyone and want them to like me. I think I spent too much energy on people who won't change."

A woman asked her recently why she would want to get on the National Bone Marrow Donor registry. "She could tell I was offended. I go, 'Why, to save a life, that's why.' I guess I was hurt because the only reason I am here today is that somebody, out of the goodness of their heart, donated bone marrow."

Nursing Books Make the Grade

Ellen Gladden

The works of three Medical College of Georgia School of Nursing faculty members are a must-read for nurses and librarians seeking the nation's most noted print nursing literature.

Recent publications by Drs. Cynthia Chernecky, Joyceen Boyle and Martha Bradshaw were included in the 2002 Brandon/Hill *Selected List of Print Nursing Books and Journals* as published in *Nursing Outlook,* the official journal of the American Academy of Nursing. The Brandon/Hill list, which this year contains 360 books and 86 journals, has annually highlighted premier nursing publications since its inception in 1979.

"This shows the national and international influence of our faculty," said Dr. Boyle, associate dean for faculty practice and community programs and a co-author of one of the cited books. "The breadth of these subjects is really remarkable, [including] everything from fluids and electrolytes to transcultural nursing. Our expertise covers the whole scope of the profession."

Selected publications were chosen based on accurate representation of contemporary concepts, theories and trends of nursing, sound clinical methodologies, readability, clarity of topic and information accessibility via format. Selections were also judged with input from nurses, librarians and evaluations of nursing textbooks.

"This is a great demonstration of MCG's education mission and faculty expertise," said Dr. Chernecky, professor of adult nursing. "What a great way to showcase that we are a premier nursing school...to have seven books from our faculty on the premier book reviewer's list."

Two of Dr. Chernecky's selected books are from the Real-World Nursing Survival Guide series, which contains 10 books providing hands-on information for nurses and nursing students. Two graduate students in the School of Nursing, Becky Hodges and Kitty Garrett, assisted with one of the publications, *ECG's*

and the Heart.

Another of Dr. Chernecky's texts on the Brandon/Hill list is required reading for all registered nurses enrolling in the Oncology Nursing Society's certification program and was awarded the 1998 American Journal of Nursing Book of the Year Award.

Dr. Bradshaw, interim chairwoman of parent-child nursing, co-edited four chapters in one book and authored a chapter on academic dishonesty in another book listed.

"I'm very pleased to see my book on innovative teaching strategies included on this list," said Dr. Bradshaw. "Faculty need a resource on theories of instruction and learning as well as ideas on how to make learning active and meaningful. The evidence-based teaching book, which includes my chapter on academic dishonesty, is another example of important readings in education for faculty of any discipline."

Dr. Boyle's noted publication was the 1996 winner of the American Journal of Nursing Book of the Year Award.

Camp Stresses Fun for HIV Patients

Ellen Gladden

Dr. Barbara Kiernan and Christine Gordon spent their summer vacation performing many of the tasks their day jobs require—giving daily medications, breathing treatments and tube feedings. But for these Medical College of Georgia nurses, swimming, skits and singing were also a part of the job July 7-11 at Camp High Five, a summer program for Georgia children infected with or affected by HIV, the human immunodeficiency virus.

In addition to staffing "Club Med," the camp's infirmary, Dr. Kiernan and Ms. Gordon shared laughter and good times with the 50 children at Atlanta's Camp Twin Lakes.

"The kids were basically there for fun," said Dr. Kiernan, a School of Nursing faculty member and pediatric nurse practitioner. "There was not a lot of focus on them having HIV. They formed friendships, participated in activities and had a good time just like children at other summer camps."

"Having kids myself, witnessing these kids' strength and courage was an amazing experience," said Christina Gordon, a nurse clinician in MCG's infectious disease section. "They still had their teenager attitudes and played like other children, but their courage was an inspiration."

Amid their week of arts, crafts and fireworks, campers age 7 to 16 took time out to remember those who have died from AIDS by placing red ribbons on the Tree of Life.

The camp also provided an opportunity for professional growth and camaraderie, said the MCG nurses,

"You don't see a lot of people working in this area," said Ms. Gordon. "I feel like we've formed bonds and friendships and I look forward to attending next year."

In its second year in Georgia, Camp High Five included children from MCG's infectious disease clinic for the first time this summer.

"Our hope is that the word will get out and next year more Augusta kids will be involved," said Dr. Kiernan.

Update from Japan

Retired School of Nursing Dean Vickie A. Lambert and her husband, Dr. Clinton Lambert, moved to Japan in 2001 as the first American nursing faculty to be hired within the National University System in Japan. She sends periodic updates of her activities. Here's the latest, dated Sept. 29:

Greetings from Japan. We just returned from China where we visited hospitals and schools of nursing in Beijing, Xi'an, Shanghai and Hangzhou. We talked with the faculty and nurses and discussed our international research project on role stress in hospital nurses. Although nursing in China is quite far behind nursing practice and education in the states, the people want to learn and are excited about receiving guidance and information.

Since Clint and I came to Japan, we have:

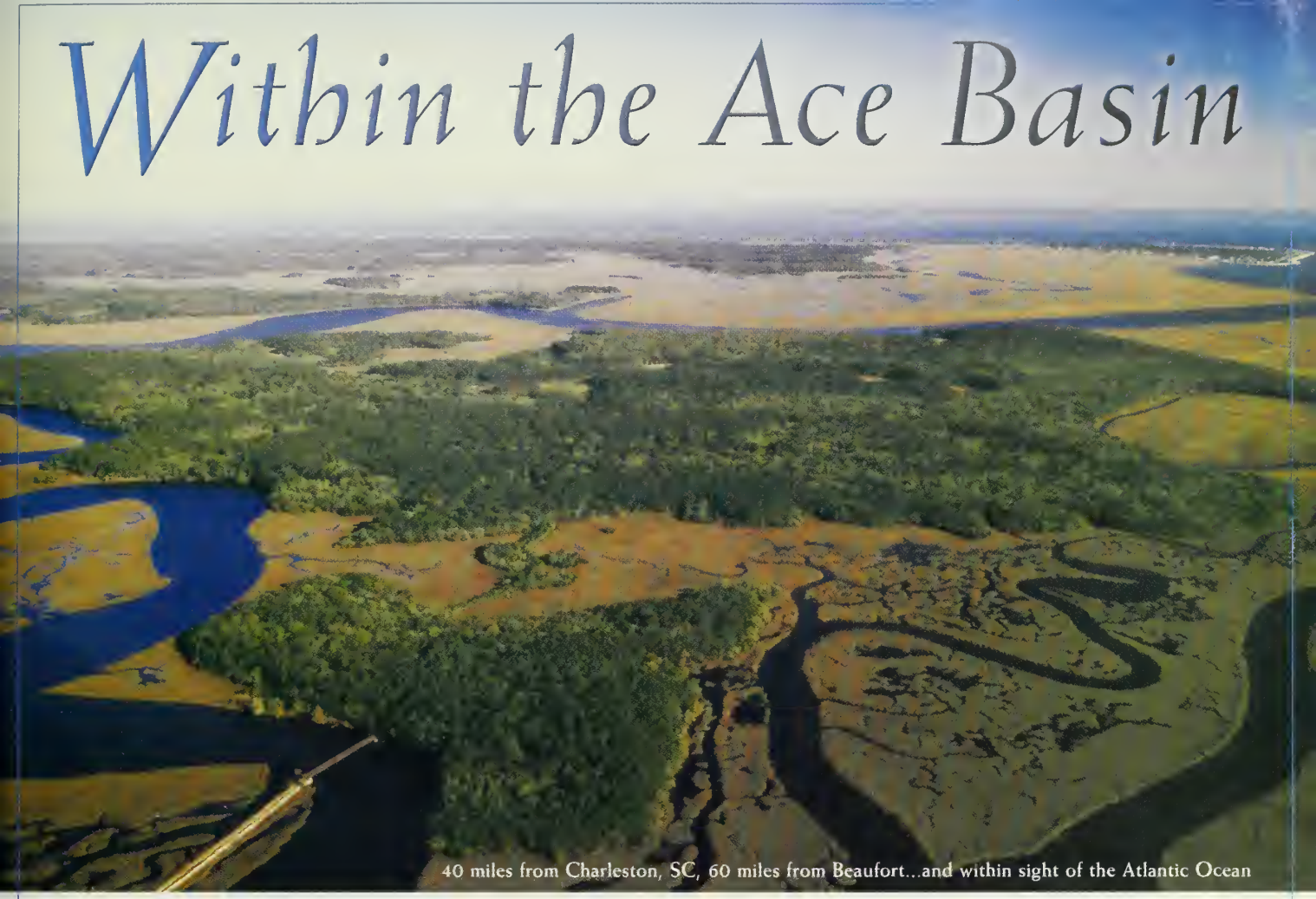
- taught a graduate-level nursing course on chronic illness at Ewha Women's University in Seoul, Korea
- lectured on chronic illness at the Mahidol University School of Nursing in Bangkok, Thailand
- collaborated on our research (role stress in hospital nurses) with co-investigators in Thailand, Korea, Australia and the University of Hawaii
- presented workshops in Australia, Japan and Hong Kong about how to write a scholarly journal article
- lectured in Yamaguchi Prefecture on how to teach nursing students in the clinical area
- lectured physicians, students and nurses from Thailand and Japan about nursing in the United States
- begun our tenure as editors-in-chief of the only English-language nursing journal in Asia, *Nursing and Health Sciences*
- taught classes on grounded theory at Osaka University and on consultation at Oita University
- begun co-editing a nursing textbook with colleagues in Australia
- begun writing a study guide on nursing theory for the University of Western Sydney
- taught at Yamaguchi University School of Medicine.

The best part of coming to the Orient is establishing collegial relationships with nursing faculty in Australia, Thailand, Korea and China.

As you can see, every day is an experience. We often think that we have seen it all, but then something new happens. It certainly brings interest to our everyday lives.

We cherish the USA and know that we come from the best country in the world, even with all of its faults...not that we ever doubted that.

Within the Ace Basin



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